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S. 1614 — BETTER NUTRITION AND HEALTH FOR CHILDREN ACT OF 1993

Y 4. AG 8/3: S. HRG. 103-1040

S. 1614 - Better Nutrition and Healt...

HEARINGS

BEFORE THE

COMMITTEE ON

AGRICULTURE, NUTRITION, AND FORESTRY AND THE

SUBCOMMITTEE ON NUTRITION AND INVESTIGATIONS

ONE HUNDRED THIRD CONGRESS

SECOND SESSION

ON

S. 1614—BETTER NUTRITION AND HEALTH FOR CHILDREN ACT OF 1993

MARCH 1, 1994, MAY 16, 1994, JUNE 10, 1994, and JUNE 17, 1994

Printed for the use of the Committee on Agriculture, Nutrition, and Forestry



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C O N T E N T S

PART I: March 1, 1994

	Page
Statements	
Hon. Patrick J. Leahy, U.S. Senator from Vermont	1
Hon. Richard G. Lugar, U.S. Senator from Indiana	3
Hon. Larry E. Craig, U.S. Senator from Idaho, prepared statement	4
Hon. Charles E. Grassley, U.S. Senator from Iowa	5
Prepared statement	5
Hon. Thomas A. Daschle, U.S. Senator from South Dakota	11
Hon. Russell D. Feingold, U.S. Senator from Wisconsin	26
Prepared statement	28
Hon. Mitch McConnell, U.S. Senator from Kentucky	44
Prepared statement	45
Hon. Thad Cochran, U.S. Senator from Mississippi	46
Cardinal Anthony J. Bevilacqua, Archbishop of Philadelphia, Philadelphia, PA	6
Dr. Shirley Grant, chief, Ambulatory Care, Johns Hopkins University Hospital, Baltimore, MD	18
Angela Holland, former homeless WIC participant, Washington, DC.	22
Joseph F. Hagan, Jr., president, Vermont Chapter, American Academy of Pediatrics, South Burlington, VT	30
Dorothy Caldwell, president, American School Food Service Association; accompanied by Marshall Matz, Olsson, Frank and Weeda, Washington, DC.; Jo Busha, director, Vermont Child Nutrition Programs, Montpelier, VT; Charles Hughes, president, Local 372, Board of Education Employees, District Council 37, American Federation of State, County and Municipal Employees, New York, NY; and Edward M. Cooney, deputy director for Program and Legislation, Food Research Action, Center, Washington, DC.	32
Appendix I	
Prepared statements	
Cardinal Anthony J. Bevilacqua	53
Joseph F. Hagan, Jr.	54
Dorothy Caldwell, with attachment	57
Charles Hughes	62
Edward M. Cooney, with attachments	63
Additional material submitted for the record	
Senator McConnell's questions presented to Edward M. Cooney with responses thereto	84

PART II: May 16, 1994

Statements	
Hon. Patrick J. Leahy, U.S. Senator from Vermont	85
Hon. Larry E. Craig, U.S. Senator from Idaho	87
Hon. Charles E. Grassley, U.S. Senator from Iowa, prepared statement	88
Hon. Richard G. Lugar, U.S. Senator from Indiana	90

IV

	Page
Statements—Continued	
Maynard “Chip” Baldwin, principal, Hartland Elementary School, Hartland, VT	88
Carol M. Meiki, food service supervisor, Chicago Public Schools Department of Food Services, Chicago, IL	90
Marilyn Hurt, legislative chair, American School Food Service Association, La Crosse, WI	92
Jodi Boyce, senior high school junior, Union High School, La Porte City, IA	94
Drew M. Davis, vice president, Federal Affairs, National Soft Drink Association, Washington, DC.; accompanied by Vala Jean Stults, registered dietitian, Food and Nutrition, Department of Home Economics, California State University, Long Beach, CA	108
Ronald E. Kleinman, doctor, former chair of the Nutrition Committee of the American Academy of Pediatrics, Washington, DC.	125
Rachel Johnson, doctor, registered dietitian, University of Vermont, Department of Nutritional Sciences, Burlington, VT	127
Lisa Hodgson, registered nutrition education and training program specialist, Vermont Department of Health, Burlington, VT	130

Appendix II

Prepared statements	
Maynard “Chip” Baldwin, with attachment	137
Carol M. Meiki	139
Marilyn Hurt	141
Jodi Boyce	142
James R. Elliott	143
Drew M. Davis	145
Ronald E. Kleinman	147
Rachel Johnson	149
Lisa Hodgson	151
Additional material submitted for the record	
Position statement	
The Center for Science in the Public Interest (CSPI), with attachments.	154
Letters	
To the Hon. Patrick J. Leahy, from Dr. Allan L. Forbes, physician, Rockville, MD	160
To the Hon. Patrick J. Leahy, from Edward P. Keller, deputy executive director, National Association of Elementary School Principals, Alexandria, VA	161
To Susan R. Buswell, executive director, Maryland Association of Boards of Education, Annapolis, MD, from Bonnie J. Pruett, Coca-Cola Company, Atlanta, GA	162
Coca-Cola memorandum, with attachment	164

PART III: June 10, 1994

Statements	
Hon. Tom Harkin, U.S. Senator from Iowa	167
Hon. Larry E. Craig, U.S. Senator from Idaho	168
Hon. Mitch McConnell, U.S. Senator from Kentucky	169
Hon. Patrick J. Leahy, U.S. Senator from Vermont	172
Hon. Robert Dole, U.S. Senator from Kansas, prepared statement	173
Hon. Slade Gorton, U.S. Senator from Washington	174
Carl Sagan, director, Laboratory of Planetary Sciences, Cornell University, Ithaca, NY	177
Dr. T. Berry Brazelton, pediatrician, Children’s Hospital, Boston, Massachusetts, and professor emeritus, Harvard Medical School, Cambridge, MA.	180
Hon. J. Robert Kerrey, U.S. Senator from Nebraska	188
Hon. Richard G. Lugar, U.S. Senator from Indiana	190
Doris Derelian, president-elect, American Dietetic Association, Fallbrook, CA	195

	Page
Statements—Continued	
Susan Kalish, executive director, American Running and Fitness Association, Bethesda, MD	197
Harriet H. Cloud, professor emeritus, Civitan International Research Center, Sparks Clinics, University of Alabama-Birmingham, Birmingham, AL	199
Linda Locke, director, Public Policy, Community Coordinated Child Care, Louisville, KY, on behalf of the National Child and Adult Care food Program Sponsors Forum	201
Dan Cooper, state horticulturist, Iowa Department of Agriculture and Land Stewardship, Des Moines, IA, and president, National Association of Farmers' Market Nutrition Programs	210
Alice J. Lenihan, president, National Association of WIC Directors, Raleigh, NC	212
Minda Lazarov, research associate, Nurture/Center to Prevent Childhood Malnutrition, and faculty member, Vanderbilt University, Nashville, TN	214
Hurt Porter and Carol Porter, Kid Care, Inc., Houston, TX	217

Appendix III

Prepared statements	
Carl Sagan, with attachments	229
T. Berry Brazelton	236
Doris Derelian	237
Harriet H. Cloud	239
Linda Locke, with attachments	241
Dan Cooper	258
Alice J. Lenihan	258
Minda Lazarov, with attachments	264
Hurt Porter and Carol Porter	273
New Release: Senator Patrick J. Leahy on Child Nutrition, June 10, 1994	274

PART IV: June 17, 1994

	Page
Statements	
Hon. Tom Harkin, U.S. Senator from Iowa	275
Hon. Mitch McConnell, U.S. Senator from Kentucky	276
Hon. J. Robert Kerrey, U.S. Senator from Nebraska, prepared statement .	278
Hon. Larry E. Craig, U.S. Senator from Idaho	278
Hon. Ellen Haas, Assistant Secretary, Food and Consumer Services, U.S. Department of Agriculture; accompanied by William Ludwig, Administrator, Food and Nutrition Service; and George Braley, Associate Administrator, Washington, DC.	280
Elizabeth Hanna, director of Food Services, West Des Moines Community School District, West Des Moines, IA	303
Dorothy Wood, food service director, Anamosa Community Schools, Anamosa, IA	306
Elizabeth K. Johnson, M.S., R.D., manager of Food Policy, National Cattlemen's Association, on behalf of the Commodity Distribution Coalition, Washington, DC.	307
Allen Rosenfeld, director of Government Affairs for Public Voice for Food and Health Policy, Washington, DC.	310
Nancy Chapman, MPH, R.D., American Heart Association, Washington, DC.	312
Michael F. Jacobson, Ph.D., executive director, Center for Science in the Public Interest, Washington, DC.	314

Appendix IV

Prepared statements	
Hon. Ellen Haas	327
Elizabeth Hanna	329

VI

	Page
Prepared statements—Continued	
Dorothy Wood	331
Allen Rosenfeld	332
Nancy Chapman	334
Michael F. Jacobson	335
Additional material submitted for the record	
Major provisions — S. 1614 “Better Nutrition and Health for Children Act”, Reauthorization of Child Nutrition Programs	337
Position Statement	
Commodity Distribution Coalition	341
Senator Lugar’s questions presented to the Hon. Ellen Haas with re- sponses thereto	343
Senator Dole’s questions presented to the Hon. Ellen Haas with responses thereto	344

S. 1614 — BETTER NUTRITION AND HEALTH FOR CHILDREN ACT OF 1993

TUESDAY, MARCH 1, 1994

U.S. SENATE,
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, DC.

The committee met, pursuant to notice, at 9:36 a.m. in room SH-216, Hart Senate Office Building, Hon. Patrick J. Leahy, Chairman of the committee, presiding.

Present or submitting a statement: Senators Leahy, Daschle, Feingold, Lugar, Cochran, McConnell, Craig, and Grassley.

STATEMENT OF HON. PATRICK G. LEAHY, A U.S. SENATOR FROM VERMONT

The CHAIRMAN. Good morning. When I came to the Senate back in 1974, I made a personal commitment to the cause of fighting hunger in America. Now—two decades later—we have a larger country, but we are still fighting the same battles. Today, 27 million Americans are on food stamps. We serve 25 million school lunches each day. There are over 6 million women, infants and children on the WIC Program. There are 68,000 homeless children in this country. There are 22,000 so-called border babies that are living in hospitals because there is no place for them to go.

Now, these are not just statistics. Statistics are just people with the tears washed away. These have tears, they are real people, real babies, real mothers—real problems. We have to face up to the fact that hunger in America is real. You know, hunger in our country can be as subtle as a parent who doesn't eat because if they do the child doesn't eat, or a child who comes to school but has no food and probably doesn't learn, or homeless mothers reaching out for help.

As Chairman of the committee, I dedicated myself to making an impact on hunger through the nutrition programs. We have passed landmark legislation by working together regardless of our political party. Each Member of this committee has shown that hunger is not a political issue. Senator Lugar has maintained the bipartisan tradition that was established in this committee by Senator Dole, who used to work so closely with Senators McGovern and Humphrey, and I hope we are going to continue in that fashion.

Today, we are honored to have His Eminence Anthony Cardinal Bevilacqua testify about the success of his program for homeless preschoolers in Philadelphia. We are honored to have the Cardinal here. His program in Philadelphia began with funding in our 1989

Nutrition Authorization Bill. He started a pilot project set out to feed homeless preschoolers. Without this program, young children often had to wait, hoping their siblings might come back from school and bring them scraps of food.

Because of the foresight of the Archdiocese of Philadelphia and the dedication of you, Cardinal, the homeless preschoolers program has been hailed as a universal success. It is now replicated in over 90 shelters around the country. This is not a theoretical situation; this is something that actually works.

This year, our Nutrition Reauthorization Bill deals with the problem of infants abandoned and living in hospitals. They remain in hospitals not because they have medical problems, but because they have nowhere else to go. In 1951, Francis Cardinal Spellman wrote *The Foundling*, a novel about an abandoned baby. Then, abandoned babies were called "foundlings." Today, they are called border babies. It is not a new problem. It is just simply a new name.

The big difference between then and now is that today's skyrocketing medical costs make it too expensive to leave these children in hospitals. We are talking about an average cost of around \$460-a-day. The total cost estimates for this country exceed \$273 million for border babies, and that is a cost incurred after the babies could have gone home.

It goes beyond being a fiscal issue. It is a moral issue, just as hunger in this country, as I have said over and over again. With the wealth and the power and the ability to produce food the way the United States of America is, to have hunger in our borders goes way beyond a political, economic, or social issue. It is a moral issue; it is one of the true moral issues of our time.

In this Child Nutrition Bill, I have proposed a way to help abandoned babies and provide the counseling and nutrition assistance crucial to sustaining mothers and their children. The intent of this particular section is to set up a program in a new type of transitional shelter and fund a comprehensive program of prenatal and postnatal counseling, nutrition assessments, referrals for housing and job training, and food purchases.

My goal is to keep babies with their mothers; to get healthy babies out of the hospital sooner; to counsel mothers on how to nurture their infants; to counsel families on proper nutrition; and, to assist those families in finding permanent housing and employment. I want to build on the successes of our ongoing efforts with homeless preschoolers and WIC. Dr. Shirley Grant will testify about the innovative pilot project, here in Washington, similar to the Cardinal's project in Philadelphia, but helping abandoned infants and their mothers.

WIC, one of our greatest nutritional programs, is at a critical junction in terms of funding. This bill guarantees full funding for WIC, as well as funding for the homeless preschooler and border babies programs. The American School Food Service Association has been an outspoken advocate for these programs. I know they are very serious about their commitment to children, and Ms. Caldwell will explain the problems they have. What happens is you have children from low-income working families going hungry who

don't have the money to buy a school lunch, but they are not eligible for the fully subsidized meals, so they fall through the cracks.

We could go on and on. We are focusing, primarily, on children here. They are our future as a Nation, and unfortunately we have done some very serious damage to a lot of our future.

The CHAIRMAN. Senator Lugar?

**STATEMENT OF HON. RICHARD G. LUGAR, A U.S. SENATOR
FROM INDIANA**

Senator LUGAR. Thank you very much, Mr. Chairman. I appreciate your mention of the strong bipartisan support that the Programs of this committee have enjoyed, and it is a special privilege to join you in welcoming His Eminence Anthony Cardinal Bevilacqua, Dorothy Caldwell, president of the American School Food Service Association, and other distinguished witnesses and guests who have come to this first hearing on the reauthorization of the WIC Program and other child nutrition programs. I also want to extend a very special welcome to the members of the Indiana Food Service Association attending today's hearings.

The backdrop for this hearing is a week of U.S. Senate debate on the balanced budget amendment. The administration's budget provides no additional funding for child nutrition other than for WIC. It is obvious that it will be difficult to find new resources for nutrition programs.

Having said all of this, I note that when Congress, with strong bipartisan support, did provide new funding for nutrition programs during the 1989 Child Nutrition Reauthorization Legislation that Senator Leahy has referenced, that money went a long way. Much of the resulting increase in access to nutrition programs came about because of the work of advocates and school food service officials, many of whom are in this room today, and have been in this room for each of these annual hearings.

We also meet at a time of increased interest in the role of good nutrition in health. I look forward to hearing testimony from several of the witnesses on their goals for enhancing the nutritional program that they operate. I believe that S. 88, my bill to allow schools to choose the type of milk they offer in their lunch programs, offers a constructive step toward improving lunch programs by increasing the schools' flexibility in reducing the fat content of meals. ASFSA has been a strong supporter of S. 88 and I greatly appreciate that support.

Another focus of this hearing will be the nutritional needs of homeless preschoolers and mothers at risk of abandoning their babies. I want to commend Chairman Leahy for bringing attention specifically to this issue, as he has in his opening statement, and I look forward to working with him to find the best and most cost-effective way to serve those individuals through the Federal nutrition program structure.

Mr. Chairman, I thank you again for calling the hearing and I thank the witnesses in advance for their participation.

The CHAIRMAN. I must say that I also support your flexibility in milk. In fact, I have included it in my legislation.

Senator LUGAR. I thank the Chairman. It is very effective and important support.

The CHAIRMAN. Well, you know, it helps get it on the agenda, anyway.

Senator Craig has to go back to the floor and I will yield to him.

**STATEMENT OF HON. LARRY E. CRAIG, A U.S. SENATOR
FROM IDAHO**

Senator CRAIG. Well, Mr. Chairman, thank you very much. My Ranking Member had mentioned a debate that is currently underway on the floor, and I am helping lead that debate as it relates to a balanced budget amendment. So I do appreciate, Mr. Chairman, your willingness to give me a brief moment, and I will be brief.

The CHAIRMAN. Some on the other side suggested I keep you here during the morning, Larry.

[Laughter.]

Senator CRAIG. Well, Mr. Chairman, I think you and I both know, although we differ on this issue, that if we continue in our profligate ways and we keep mounting doubt, we won't be able to afford some of the critical programs that you and I view as necessary, and amongst those are child nutrition programs. My Ranking Member mentioned the President's budget this year doesn't treat us very well in these areas. The reason it doesn't is because of competing forces for the limited dollars that are available, and obviously we have to establish priorities.

I began to learn about child nutrition in the early 1980's when the Reagan administration was going to come in and change the way the School Lunch Program was operating, and I began to work with the American School Food Service Association and out of that developed a tremendously strong belief that they do what they do very well, and they do it with the children in mind in all instances.

I say that not because they are here or because I have Idaho people here today, Maria, Nancy, and Bonnie who are present and may be in the room, but because it works extremely well. I am terribly frustrated at this moment, Mr. Chairman. I say that not in relation to what you are trying to do because I think what you are trying to do in the reauthorization of this legislation is extremely important, but I am terribly frustrated when we have forces out there that want to make what we do so politically correct that we are going to end up producing both mentally vertically disadvantaged children, and that would be wrong.

I say that because I know that fat in an 80-year-old's diet doesn't make as much as sense as fat in an 8-year-old's diet that burns a phenomenal amount of energy and has to have that kind of food requirement. For us now to try to design our programs in a way that make them politically correct for 1995 might well be missing the point. As a result of that, I am extremely pleased with your willingness to cooperate in a second hearing in bringing before us a group of nutritional scientists who are going to work with us in examining what we do. I think that is tremendously important that we move in that direction in improving or adjusting or changing that which we put our Federal dollars into.

The border baby issue is a very critical one. I am proud to say, Mr. Chairman, because of your leadership in that area, and also because of the Cardinal's leadership, in my State and in the community of Caldwell in my State we have one of those pilot programs and the preliminary results are very exciting. Thanks to the Archdiocese of Philadelphia and the Cardinal's leadership and your recognition of it in the late 1980's and the importance of moving that issue along, we have made a very important step.

I guess my bottom line in looking at all of these is that we, first of all, be concerned about feeding children with the limited resources we have, and then, second, we be concerned about doing it in a way that is nutritionally valuable and fits with what we want to accomplish. I would hope that in the end it is right for the child and maybe not necessarily politically correct in all instances. I think this is a major step in the right direction and I thank you, Mr. Chairman, for your move in the reauthorization of this legislation.

The CHAIRMAN. Thank you very much, Senator Craig. Senator Grassley, did you have a statement?

STATEMENT OF HON. CHARLES E. GRASSLEY, A U.S. SENATOR FROM IOWA

Senator GRASSLEY. I am going to put a long statement in the record, Mr. Chairman. I want to welcome the Iowa delegation that is here as well, and I will be meeting with them this afternoon individually, and maybe remind everybody that there is a connection between this being an agriculture and nutrition committee and the abundance of American agriculture. Sometimes, we look on that as an economic problem, but these programs were perfected to meet the nutritional and humanitarian needs of our society, but it also benefits agriculture, as well, as a way of helping us get rid of our abundance within agriculture.

[Testimony resumes on page 6.]

[The prepared statement of Senator Grassley follows:]

STATEMENT OF CHARLES E. GRASSLEY

Mr. Chairman, I am pleased to be present today as we consider S. 1614. This act has several provisions that historically have been very important to our country. It also has provisions that have been particularly important to my State of Iowa.

The WIC Program has received overwhelming support over the years from Republicans and Democrats alike. It has proven successful in providing preventative care for women, infants, and children by providing good basic nutrition. I, like many of my Colleagues, have consistently supported greater funding for the Program as a means of reducing other costs down the road.

I am pleased to see an increase in funding for the WIC breast feeding program. Medical research shows that children who are breastfed are less likely to encounter certain physical challenges than children who are formula fed. The Iowa WIC program has consistently encouraged WIC recipients to breast feed their children for both physical and emotional health reasons.

The Farmers' Market WIC Program has been one of the projects I have had special interest in for several years. The Program provides fruits and vegetables for nutritionally-at-risk women and children. In Iowa alone, it serves countless thousands who would not have received fruits and vegetables, otherwise. Additionally, it helps farmers who need to diversify their market and encourages use of farmers' markets, generally.

I am pleased that the committee has increased funding for the Program and provided for administrative flexibility under special circumstances such as those seen in the devastating floods in the Midwest last summer.

I am pleased that the committee has increased funding for the Program and provided for administrative flexibility under special circumstances such as those seen in the devastating floods in the Midwest last summer.

One suggestion, I would have, would be that we allow a certain percentage of Iowa rebate dollars to be used, at State discretion, to support the Farmers' Market WIC Program so that the Program can be more aggressive statewide.

Of course, the school breakfast and lunch programs are an important part of any child nutrition reauthorization. The bill before us provides appropriate attention to the millions of children served through these programs. It also provides further guidance on the importance of making the choices provided to children healthful and nutritious, lower in fat and sugar.

Many people take basic nutrition for granted because it is a presumed part of their lives. Unfortunately, for many children, this is not the case. It is crucial that the Programs supported and funded by this Congress not take these things for granted.

I support child nutrition programs, as do all of my Colleagues.

My chief concern with the proposal before us is that it will be very costly. While the President talks about his concern with the welfare of children, I don't see any provision in his budget to cover the expansions suggested in this bill. I will be interested to see how the administration addresses this apparent discrepancy.

The CHAIRMAN. Cardinal, you may find that it is purely coincidental that there is also a delegation from Vermont here today.

Senator GRASSLEY. A small delegation.

The CHAIRMAN. Well, we are only a small State.

[Laughter.]

The CHAIRMAN. Cardinal Bevilacqua is also joined by Mr. Patrick Temple-West from the Archdiocese of Philadelphia, and I would note at the outset, that the Cardinal has other commitments here in town. I also notice the weather is turning badly, so we will certainly understand after your testimony and after the questions, Cardinal, if you have to leave.

I am delighted to have you here and I appreciate very much your willingness to take the time. The floor is yours.

STATEMENT OF CARDINAL ANTHONY J. BEVILACQUA, ARCHBISHOP OF PHILADELPHIA, PHILADELPHIA, PENNSYLVANIA; ACCOMPANIED BY PATRICK TEMPLE-WEST, NATIONAL DEVELOPMENT SERVICES, ARCHDIOCESE OF PHILADELPHIA, PHILADELPHIA, PENNSYLVANIA

Cardinal BEVILACQUA. Thank you, Mr. Chairman, and Distinguished Members of the Senate committee, it is a great honor for me to be here today in order to provide the committee with this testimony, testimony which is really the story of our efforts in the Archdiocese of Philadelphia with regard to the child nutrition homeless demonstration program.

Before I relay our specific experience with this very worthwhile program, I would like to share with the committee a few general observations. I begin by thanking God that we in this country are blessed to have the opportunity to examine, discuss and debate governmental policy on programs like child nutrition. It is fitting that I begin my remarks by stating publicly how much we cherish this privilege. The sad truth is that for many of our brothers and sisters in the world who face even larger obstacles in life, our very discussion today is still yet a dream.

Too often do we forget about the realities of our world. I say this not to lessen the responsibility we share, nor to rely falsely on what is wrong with the world in order to justify our present condi-

tion. I say this to encourage you because while much needs to be done, much has already been attempted.

I would like to encourage the Members of the committee to envelop all particular strategies and programs with an emphasis—no, not an emphasis; rather, an outright and wholehearted support for the family. It should be a common goal in all that we do. While we are all perplexed about how best to solve our many problems, we are clear that traditional two-parent families in general do not contribute to our dilemma.

We should therefore publicly acknowledge what we all know is written in our hearts, and that is that a traditional two-parent family should be our most prized social institution. There should be rewards for its existence and promotion, and penalties for its abuse.

Child homelessness is a symptom of a larger societal cancer. A major contributing cause of child homelessness is absent fathers and present mothers who are not equipped to provide the nurturing every child deserves and should normally experience.

The growing problem of family homelessness stands as a ringing indictment that we lack content in our collective character as a free and God-fearing people. My message today is to end the demonstration project as a temporary program, and so I urge you to make this program permanent, available to every homeless shelter that qualifies. Let me explain.

We have proved that we can work efficiently with the Government to feed homeless children in shelters. What we demonstrated in Philadelphia has now been successfully implemented in 89 sites in 60 cities. This pilot project is proof positive that the Government can best achieve its goals through funding cooperative partnerships with nongovernment providers. I would like to publicly acknowledge that this work would not have been accomplished without this committee, and we thank you for your leadership.

This program works because these children need meals, not food, and that is just what this program does, for the homeless have nowhere to take or store food so that they cannot take advantage of other Government programs.

I would like to tell you the story of one young family. Veronica White is the mother of four children. Randy is 8, Markel is age 6, Rakeeta is age 4, and newborn Nymeeh is just 4 months old. Today, Veronica and her family have found a home. Six months ago, Veronica and her children lived at Mercy Hospice, one of the four sites participating in the demonstration project. Mercy Hospice is an archdiocesan facility for homeless women and their children in Philadelphia.

Veronica and her young family became homeless due to an abusive spouse. With nowhere else to turn, Veronica turned to Mercy Hospice. At Mercy, Veronica's younger children, Rakeeta and Nymeeh, were fed wholesome and nutritious child-oriented meals, meals which included milk and infant formula. As a result of the demonstration project, Veronica can say that 4-month-old Nymeeh is the first member of the White family to be the recipient of nutritional meals right from birth. This one reason why the Program needs to be made permanent.

While the demonstration program is working, it could be improved. I would like to recommend that the committee drop the age limit of 6 so that all homeless children may be able to participate. This will avoid dividing the family and will, in fact, help the family. It will help strengthen the family.

Too often during the transition to homelessness, older children are not placed in school immediately or come to the shelter on weekends. In these instances, these older children cannot be fed until other Government programs apply. We should not allow these children to feel left out or unimportant. To be clear, we do not want to duplicate other Government programs. We do not want to feed these children twice. We just want to be able to feed them while at the shelter.

Mr. Chairman, and Distinguished Members of the committee, I thank you for your efforts to investigate and develop solutions to this devastating problem. While you have the legislative responsibility, we in the community have the role in caring for these poorest of the poor. When one homeless child goes hungry, we are all starved. Today, I again encourage you to focus on strengthening the family when developing programs. I want to assure you of my prayers and my continued personal involvement in finding workable solutions.

Thank you.

The CHAIRMAN. Thank you very much, Cardinal. I must say on a personal note, I enjoyed our conversations prior to coming in here. As I told Senator Lugar, he was probably not surprised to hear that we talked about Italian ancestors. I also have Irish ancestors and I can go on the other side of my family and talk about them. I think of so many of us who grew up and had the support of a loving family. While neither you nor I grew up in any level of affluence, we knew that we had somebody who was making sure that, as children, we were fed.

I have to think of how different your life might have been or my life might have been, and there are so many others that we know from our own childhoods whose lives would have been a lot different if they had not been able to at least have the support of their family and something to eat, the appropriate amount to eat, so they could learn, they could grow, they could have the kind of healthy upbringing they need.

If we expanded the homeless nutrition program nationwide to all of those eligible, it would cost approximately \$20 million which, in a \$1.5-trillion-a-year budget, is really a matter of seconds, but it is still \$20 million. I am going to be asked by other Senators about it. I would like to be able to give them an answer as to what you believe would be the social costs and the negative effects on children if we don't expand the Program.

Cardinal BEVILACQUA. Mr. Senator, right now I think we are only taking care of about 2,500 children in shelters, and across the country that are 25,000 that are not being fed. These are children below 6. Where do we stop and say, well, we can't feed you? We are talking priorities now. Somehow or another, when you are dealing with a child that is not being fed, we just find the means.

In my family, we were 10 in my family. Somehow or another, my mother always found something in the big pot to feed somebody

else. When it comes to food, we are dealing with the realities of life. I really hope that some day this program will not exist. You are supplying an emergency need. I hope some day we don't have the homeless anymore. This should be, if I may use the expression, a self-defeating program; it should end some day.

But we have the reality of so many thousands of children below 6 and they are in shelters. We are not counting all the other homeless who are not in shelters. Can you honestly look at a child that is not getting a meal and say, I am sorry, we don't have the money for you? The consequences are deleterious on the child, but also on the family, and negative toward our own country.

I mean, we are the most affluent country in the world, the greatest country in the world. It is a blight to say that children in our country are actually starving at times. I mean, that can never be on our conscience.

The CHAIRMAN. Well, Cardinal, we will have, as we always do throughout the year, some of the best experts on nutrition in this country. For this next question, which will be my last question, you are really the most expert witness we will have. Would you agree with me, and I think from your last statement you do, that in any country as wealthy and powerful as ours hunger is truly a moral issue?

Cardinal BEVILACQUA. You are dealing with life, Mr. Senator, and anything that deals with human life is always moral. We have more than enough means to feed everyone in this country if we have to. The problem may be in distribution. Then we have to have the wherewithal to find the proper means of distribution to include everyone. If we don't, then certainly it is a matter of conscience that any child goes hungry, or any person, not only children, but the most defenseless are the children who cannot fend for themselves. They are dependent upon their parents and if the parents cannot do it, they have to depend upon some other agency. So it is definitely a moral issue.

The CHAIRMAN. There is something left in that pot for the persons at the table.

Cardinal BEVILACQUA. Yes.

The CHAIRMAN. Thank you.

Senator Lugar?

Senator LUGAR. Mr. Chairman, I would like to ask the Cardinal just for background and my own understanding of the homeless shelter program in Philadelphia, to what extent has Philadelphia as a city or a metropolitan area canvassed to find the number of homeless, and how many of the homeless are, in fact, in shelters? Do you have any general impression of how good the identification has been of people all ages, adults as well as children, in these shelters?

Cardinal BEVILACQUA. Perhaps Mr. Temple-West can give more accurate figures. My own impression is something like 12,000.

Mr. TEMPLE-WEST. As with all statistics concerning the homeless, you get a large range. In fact, even the definition of "homeless" itself is vague. Persons who are in a family, two, three, four in a room, or in houses which have no heat, all could be considered homeless.

Your question was the number of homeless?

Senator LUGAR. Yes, and to what extent are all of the homeless served. In other words, is there some idea of the enormity of the problem in Philadelphia? The shelter is, of course, one way of constructively relieving the problem, but I am just trying to get some idea of the extent and the adequacy.

Mr. TEMPLE-WEST. I think that in Philadelphia we serve about 10 percent of the homeless children that could be served with this project, and the reason I say that is because during the summer, in the summer lunch program, all homeless can be served. We serve nearly 10 times the number of children during the summer than we do with this demonstration project. This demonstration project is only in four homeless shelters in Philadelphia, and there are many more shelters than that that exist. So I would say about 10 percent, and that is about what the committee has said nationally, that we are serving with this demonstration project about 2,500, and there are 25,000 children in shelters.

Senator LUGAR. In shelters?

Mr. TEMPLE-WEST. Yes.

Senator LUGAR. However, in Philadelphia alone, your testimony is that in the summer program, in which you say you are attempting to all homeless children during the summer, as many as 25,000—

Mr. TEMPLE-WEST. No, not 25,000. We serve about 100 children a day. There are probably 1,000 children that could be fed a day during the summer that we feed, homeless children.

Senator LUGAR. A thousand each day?

Mr. TEMPLE-WEST. Yes.

Senator LUGAR. Now there are 2,500 children in the shelters?

Mr. TEMPLE-WEST. The other problem we don't really have a good handle on is the age of the children.

Senator LUGAR. I see.

Mr. TEMPLE-WEST. One of the problems that shelters do not keep statistics on—I mean, the shelter system is a chaotic system, at best, and the recordkeeping in shelters is not terrific. Keeping track of when a child turns 6 is something that shelters are not terribly good at. That is why you have the discrepancies in these figures.

The national figures that this committee has of 25,000 children I would say is a fairly good estimate. The number that we serve during the summer, of course, are from age 0 through 18 because that is what the summer lunch program is available for. Of those who are under 6, I don't have that data.

Senator LUGAR. Because you actually have a program there and we are extrapolating from the known to the unknown, I was trying to get some idea of how many people there are in the universe, at least, that you serve.

Mr. TEMPLE-WEST. I would agree, Senator, that the fact that we are reaching about 10 percent of the children—the figures that the committee came up agrees with what I would expect in Philadelphia.

Senator LUGAR. Are the children in the shelters usually there with their parents or with a parent? In other words, there are families there in the shelters or are there not?

Mr. TEMPLE-WEST. Yes.

Cardinal BEVILACQUA. It is generally with the mother.

Senator LUGAR. Usually, with at least one parent.

Mr. TEMPLE-WEST. Some have both parents, but that is very rare.

Senator LUGAR. In other words, the children are not children that have no parents or guardians, orphans, literally cast out by their parents?

Mr. TEMPLE-WEST. That is a different category.

Senator LUGAR. Where are those children in Philadelphia and how are they served, or have you identified those children who have no parents or whose parents are unknown and society is trying to care for them?

Cardinal BEVILACQUA. Well, we have other—I am just talking about the archdiocese—we have other institutions that take care of children that either don't have parents or for some reason or another the parents are not the ones competent to take care of the children. So we have institutions just with children, but I don't know if you would call them homeless, though.

Senator LUGAR. I was trying to get some idea, thinking of children altogether, as to how these children are helped, whether they are picked up in any of the Programs that we are involved in now.

Mr. TEMPLE-WEST. Generally, Senator, we don't find individual homeless children under 6. However, the committee is addressing that with the border babies in the hospitals. That is where you would find them, but generally speaking we wouldn't find them. Those children who float between homes tend to be older children, 10, 11, 12, the young teens, and rather than homeless, they tend to float between homes and they are in and out of school. So it is really a school problem more than a truancy problem. Although it is a growing problem, it is not one that at least my office has identified and worked with.

Senator LUGAR. I understand, and I know that your testimony really was today with regard to the Archdiocese Program, but I wanted to take advantage of your expertise because clearly the moral thrust that the Chairman and Cardinal have talked about obviously pertains to all children, and a portion of them are being fed in the shelters.

I suppose the thrust of this committee's work is, in a comprehensive way, to try to find out where the children are so they can be fed. That is the basic issue that we are looking at in the event that they are not being fed, that they are not with parents or sort of falling between the cracks of various institutional programs.

Thank you very much for coming and for your testimony.

The CHAIRMAN. Senator Daschle, I apologize. Senator Daschle came in earlier and I hadn't yielded to him and that was my mistake.

Senator DASCHLE. No apology is necessary, Mr. Chairman. I also want to thank the Cardinal and Mr. Temple-West for their testimony.

I would also like to welcome our many South Dakota School Food Service Association representatives. They are out here and I am grateful for their presence.

The Cardinal has made a point this morning of talking about this issue as a moral one, and he is certainly correct, but I think

it is also important that we emphasize that this is a health issue and I am very pleased that the title of the bill draws attention to the health consequences of this legislation.

We are going to be debating health all year long, and it seems to me that nothing is more important to good health care than for us in this debate, in whatever vehicles we have available to us—regardless of our many differences on what approach we take in health reform, our goal ought to be that we change our health system from an illness system to a wellness system. If we did nothing else but that this year, I would consider this a successful one. My hope obviously is that we go way beyond that, but we have got to create a wellness mentality in our health system, and that is what I think is so important about this legislation.

We need to recognize how important wellness is, especially in the early stages of life, and I want to ask the Cardinal about that. I also think it is important that as we judge our success in attaining wellness among children, we also ask ourselves, press ourselves, to determine whether or not we are getting the biggest bang for the buck with the Programs we are now subscribing to. I think that is part of the purpose of this hearing. Can we do even better nutritionally and in outreach and in a whole range of objectives that we have set out in this legislation and, of course, with Agriculture Committee oversight.

I guess my question, Cardinal, would be this. With the experiences that you have had with children over the many years, to what extent can you, from anecdotal and statistical information available to you, draw the connection between nutrition and good health among children?

Cardinal BEVILACQUA. From a general knowledge, Senator, first of all, providing food to more children is the first step toward nutrition. At the same time you have to say, well, what kind of food is being given to the children. Fortunately, this program is very careful that it is a wellness program, too. They don't serve junk food. For many of the children, it is the first time they have received milk, it is the first time they've had vegetables and fruit. So great care has been placed into what is food, that is, quote, "healthy food" for them. I think this is one of the great values of this program.

Perhaps Mr. Temple-West could add more to the actual connection that you are looking for, but I see this as a very important step. We have to try to develop a program and support the Program that will expand this to other children, particularly those who are deprived of nutritional food.

Mr. TEMPLE-WEST. I only have really anecdotal information. There was a recent study in the *Journal of Nutrition Education* which talked to the need of good nutrition for this age, and especially it demonstrated the need for nutrition to this age and to the homeless. It was specifically homeless and it was one of the recent issues of the *Journal of Nutrition Education*.

However, I can only give you an anecdotal example. We have been trying to deal with, or bring food assistance to this very needy segment of our population for many years and one of the things we experimented with was trying to do it through the School Lunch Program. There is an aspect of the School Lunch Program which

permits it to be used in residential child care institutions, and we, through some quirk of regulation, forced that into a shelter and this is one of the best family shelters in Philadelphia and run by an extraordinarily committed person.

After we put the School Lunch Program in, which is essentially this program that we are talking about, essentially the same food, she said, Pat, I didn't realize how—she didn't say how bad a job we were doing, but how much more this program brought to these children. It makes the shelter focus on the child and the diet of the child. It provides milk, it provides formula, it provides a balanced diet. It brings the whole shelter to look at that child and the health of that child. So for one of the best shelters to say, wow, I mean this has really been beneficial to us, was an indication for us to really proceed and to go further with this.

Senator DASCHLE. Well, I thank you both. I think we need to make as much of a point of that throughout this debate and in the context of health reform this year as we can, and opportunities like this are important in that regard. I thank you both for your testimony and appreciate your answers.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you very much, Senator Daschle.

Senator Grassley?

Senator GRASSLEY. Cardinal, sometimes a demonstration project is so named because it is a way of getting a program started that maybe wouldn't otherwise get started, and then sometimes it serves really as a laboratory to learn something from. Obviously, we have learned of the success of your program in regard to meeting the moral and health needs of people.

Can you say anything about the administration of your program from the standpoint of getting things done that you can tell us you have learned from the beginning until now, that you have made some mistakes and how you have overcome those mistakes and what you did to make a better administration of the Program, so that other people that want to duplicate your program would start out on a footing not so much experimental?

Cardinal BEVILACQUA. Senator, I would like to say that one of the advantages in entrusting this program to the archdiocese was that we had a lot of experience in it. We did not start off from point zero, so we had a lot of experience in feeding young children. This was really another facet of it.

To begin with an agency that has had no experience could create a lot of problems. I know in the course of the—

Senator GRASSLEY. There might be a need to do that some places in the country.

Cardinal BEVILACQUA. There might be, but then I think that such an agency somehow or another should get some experience from an agency that has had experience, to be perhaps even trained. We learned through our program how very important it is to train the actual providers on site. It is not just a simple, easy task to say we are going to supply food; we have four different agencies with us now to feed the children. They actually have to be trained on how to do that. We had that experience on how to train them and it is ongoing as new personnel come on in these four sites.

Also, the paperwork—we have tried to teach them how to keep it at a minimum so that it doesn't interfere with the main project, which is to feed the children. One of the problems, for example, was one of the sites deals with children who come right off the street. The difficulty is how can they estimate what meals to provide any 1 day. These are children who are sent by a referral agency. It is an emergency shelter, and so at the beginning there was a great deal of wasted food or not enough food because you never knew how many children the referral agency would send to this one site. So we had the experience to train them to be more practical and more realistic in estimating the food.

So my suggestion is, as much as possible, get a well-experienced agency or have an agency that is not experienced to be trained by an experienced agency and to have constant monitoring by the sponsoring agency and training.

Perhaps Mr. Temple-West, who is personally involved in the Program, could add to that.

Mr. TEMPLE-WEST. Senator, this program has really been a model demonstration program. By that, I mean when we started it out we chose four very, very different shelters to test it and we chose two different food services within those four shelters to test it. The Department of Agriculture, after our first year, sent up an independent evaluating entity, Macro Consultants, or something like that, and they then reported back to the USDA their findings about our program. So it didn't go anywhere until the USDA was sure that it would work with us.

It was one of our concerns that maybe we were too expert and it would only work with us. So then the USDA extended it to, I believe, 10 or 20 other cities to see how it would work there and it seems to work fine there. Then they moved it even further out and now it is in 60 cities and working fine.

I think that what we had to do was, one, show the USDA, the Department of Agriculture, which has run a very, very good supervisory program here of expanding this without letting it get out of control—as the committee knows, some of these programs in the past have had difficulties with control. I don't think the USDA has found that, and you certainly could ask them about their experiences, but it has been my understanding that they are satisfied that this program can work in shelters, not all shelters, but it can work in well-run shelters.

Senator GRASSLEY. Thank you, Mr. Chairman, and thank you, Cardinal.

The CHAIRMAN. Thank you, Senator Grassley.

Senator FEINGOLD. Thank you, Mr. Chairman. I do have a few preliminary remarks I would like to make which I will shorten. Let me first of all say I am pleased to hear Senator Daschle refer to this as a health issue. We are spending an awful lot of time debating whether we should have universal coverage, employer mandates, what the benefit packages should be, and the like.

However, I think there is at least one topic that doesn't get as much debate as it should, and that is the issue of prevention. We all understand that prevention is crucial, but it just tends to be an afterthought when we get bogged down in all the complexities of

the health care reform issue. However, prevention is what many of our child nutrition programs are about either in intent or in effect.

Regular meals composed of healthy foods, coupled with nutrition education, can produce healthy adults if we invest in these valuable programs, as Your Eminence has indicated. The Programs that we must reauthorize this year, such as the WIC Program, provide substantial savings in other Government programs such as Medicaid. School lunch and breakfast programs allow children to concentrate on filling their minds, not their empty stomachs. Those children can then go on to lead productive, fulfilling lives, ultimately saving taxpayer dollars.

So I guess my first point, which we all agree on, is that child nutrition programs are not just morally imperative, as the Chairman and Your Eminence have indicated. They also offer substantial returns for investment in prevention. In particular, the homeless preschool food program is one such important program, meeting the needs of a population that might otherwise fall through the cracks.

I am anxious to work with the Chairman to determine what can be done within this committee's jurisdiction to address the growing problems of homelessness and drug and alcohol abuse among pregnant women and the resulting impact on their babies. This is one area where prevention and intervention are absolutely critical to the survival of those women and children.

Mr. Chairman, the Wisconsin State Legislature attempted to address this problem when I was in the State Senate in 1989. We created a task force to combat alcohol and other drug use by pregnant women and mothers of young children. We found that the problem of substance abuse among pregnant women spans all socioeconomic groups and racial groups. This is not an isolated problem and it is not just an urban problem.

In Wisconsin, 1 in 10 pregnant women put their babies at risk due to illegal drug use during pregnancy. In many areas of this country, this has led to a growing incidence of border babies that others on the committee have mentioned. These children are often caught in bureaucratic limbo because we haven't yet determined how to meet their needs. The task force in Wisconsin identified many programmatic weaknesses in our web of social programs. In too many cases, we have different agencies and institutions treating different symptoms of the same problem, but no one program was able to provide the cure.

So, Mr. Chairman, to shorten this, I would ask unanimous consent that the task force report be submitted as part of the hearing record, and there also is a subsequent report about how the Program was going with some very positive points and some concerns about waiting lists that I would ask to be included in the record.¹

The CHAIRMAN. Without objection, so ordered.

Senator FEINGOLD. Thank you, Mr. Chairman.

Senator FEINGOLD. I would also obviously note in that regard that we have to continue to invest in child nutrition programs that yield these kinds of returns, and we must invest in additional prevention and intervention programs if we are going to fulfill our obligations to both the taxpayers and the communities we serve.

¹ Retained in Committee files.

Mr. Chairman, there is one other issue I want to briefly address, and I am glad to have heard Your Eminence refer to the subject of milk in the school programs. This is an issue that will be of great debate as we consider reauthorization of child nutrition programs, and that is the fat content of school lunches.

There was a story on National Public Radio this morning that is of concern to me. The reporter was discussing the provision of the Chairman's nutrition bill which promotes the use of low-fat dairy products in school lunches and breakfasts. I commend the Chairman for his work in this area and I support the provisions of his bill which promote the use of dairy products.

However, in the process of discussing the value of those provisions, the reporter proceeded to blame dairy farmers for the fat content of school lunches. I wish the issue was that simple. It is difficult for me to explain to dairy farmers in Wisconsin how they are responsible for the presence of deep-fried foods and other low-nutrient, high-fat components that we see in school meals.

Milk and dairy products are small but important components of lunches. The presence of milk in school lunches greatly increases the nutritional value of those meals and there are few foods that can pass the nutritional test as easily as dairy products. NPR erroneously blamed the dairy price support program for dumping high-fat surplus cheese on schools. The fact is that the dairy price support is so low that USDA has not purchased cheese to support milk prices for many years, and everyone knows that. Cheese in school lunches has been purchased by the Department at market prices to meet their obligations to the schools. It is not surplus cheese.

So, Mr. Chairman, eliminating whole milk and other similar dairy products from school lunches, as some of my Colleagues have proposed, will not solve the problem of fat in school lunches. While it may be easy to point the finger at agriculture for the nutritional woes of the School Lunch Program, we all know that the issue is a lot more complex than that. Dairy farmers are not to blame, neither are their products, and I hope my Colleagues will certainly bring that into the debate as we go into that issue.

Senator FEINGOLD. I do have one question for the Cardinal. You have talked about other aspects of the Program that you have been involved in, but what components of the partnership role associated with the homeless preschoolers project were particularly helpful to the diocese in delivering the services to children? Here, I mean what you were getting at when you mentioned the word "distribution." Was it limited paperwork or verification requirements, ease of reimbursement, the supportive role provided by Federal employees with respect to advice and assistance? What were some of the elements that either of you can identify that made this a particularly good partnership?

Cardinal BEVILACQUA. My own feeling is that one of the special assets of the Program was the cooperation between the four sites and the archdiocese. First of all, there was one of credibility. The four sites readily accepted the sponsorship of the archdiocese because they had knowledge of its expertise. The fact, also, that these four sites—the various agencies—two were Salvation Armies, one was one of our own—Mercy; and the other was more an independent one—they were willing to accept us, and willing to be taught

by us, and willing to be trained by us. So it was a friendship relationship,—to a certain extent—preceded by an accepted credibility. I think that is very important in that.

Perhaps Mr. Temple-West has other factors that facilitated the partnership relationship.

Mr. TEMPLE-WEST. Obviously, the money helped.

Senator FEINGOLD. That was number one.

Mr. TEMPLE-WEST. I think also that the shelters have not had a regulatory environment, and I think that the Federal Government—the Government has always, when it has given money, has also set guidelines for its use, and I think that is very helpful for shelters to have some guidelines. Before this program, there were no guidelines. They had no reason to even think about what menus to serve. Now, they are thinking about a menu to serve.

The money has actually raised the—program has not only raised the nutritional value of the meals that are served to these little children, but it has also affected the whole meal service in the shelter itself. So I think not only the money, but the regulations that go along with that money have also been a help.

Senator FEINGOLD. So, good Government regulations?

Mr. TEMPLE-WEST. Yes—actually, yes.

Senator FEINGOLD. We don't hear that a lot.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you. Any further questions?

[No response.]

The CHAIRMAN. Cardinal and Mr. Temple-West, I thank you very, very much for coming.

We will stand in recess for 2 minutes while we change panels. Thank you.

Cardinal BEVILACQUA. Thank you, Mr. Chairman, and Members of the committee, for this opportunity.

The CHAIRMAN. Thank you.

[Recess.]

The CHAIRMAN. Our next witnesses are, first, Dr. Shirley Grant, who is Chief of Ambulatory Care at Johns Hopkins Medical Center. I had mentioned Dr. Grant in my earlier statement. She is the founder of the D.C. General border baby prenatal outreach program, one that has been watched with a great deal of interest in this committee both because of its need, but also because of its success; success I attribute in large part to the energy and concern of Dr. Grant.

Angela Holland is a former homeless mother who has seen the real concerns and can speak to the issues we are discussing here that we sometimes discuss in the abstract. Ms. Holland will discuss them more in reality than the abstract. I think, Ms. Holland, you would agree with me you are not talking theory, you are talking reality.

Dr. Grant, why don't we begin with you, and then Ms. Holland.

STATEMENT OF DR. SHIRLEY GRANT, CHIEF, AMBULATORY CARE, JOHNS HOPKINS UNIVERSITY HOSPITAL, BALTIMORE, MARYLAND

Dr. GRANT. Senator Leahy and Senator Lugar, thank you for inviting me. I want to stress that I also represent the Junior League of Washington as a board member, which is how I got involved in this program.

The exciting part for me as a family practitioner is to be able to take, I think, my medical expertise and to look at it in relationship to how it may impact on those who may have, in fact, as has been mentioned prior, fallen through the cracks. It reinforces the whole issue of prevention and intervention as it relates to health care, and more importantly how it relates to, I think, the survivorship of many of our communities.

I want to thank you for allowing me to represent this component of our society. It is horrible to say that we have infants who are abandoned, and I want to put quotations around the term "abandoned." There is a lot of controversy in that title of "border baby" or "infant abandonment" right now, as you all know. Many of our babies that are left in the hospitals are not necessarily abandoned. I think they have become a modern-day version of the traditional convent or the old-fashioned orphanages. They are safe places. So not to stand in judgment of those who made the decision to leave their infants in some of our facilities, it was probably the best decision that they did make at that time.

Just to share with you just some of the basic facts about border babies, I think that is a very narrow term for a much larger picture of infant abandonment in our communities. Nationwide, there were about 22,000 babies that were left. Now, when we say "left," that meant, based on the census of some of our hospital systems, we were able to determine that if an infant was not claimed, if you will, by a mother or father or extended family member, then in some of our States we do have guidelines that will determine whether or not the child was, in fact, considered abandoned. In some instances, we found there were parents who were interested in care tending the baby, but were incarcerated. Again, in that circumstance the baby was still deemed abandoned because of the parents' lack of availability.

Most of our babies will stay in the hospital on an average of about 27 to 30 days after they have been medically cleared. Now, many of our infants unfortunately are born addicted or having been prenatally drug-exposed, and so you have that period of time that they have to stay in the hospital just to become medically cleared, and that is to make sure the ramifications of the exposures, in fact, have somewhat settled and that the baby is clinically stable to go somewhere. These babies then therefore stay an additional month.

If the average cost is about \$460 a day, we are talking literally close to \$300 million as an annual number in care tending these infants in the hospital. Those are very, very expensive what I call foster care programs. That is an extremely cost-inefficient way of warehousing infants who unfortunately have no place to go.

Our program at D.C. General started in 1990 and really started as a result of seeing a very small article in the *Post* that referred to these infants who were sort of being care tended by the nursing

staff at D.C. General. At that time, there were about 18 of them. That particular year, I think there came to be about 32 infants, total. Again, some of it was based on the definition, but the ones that we could discern that were truly abandoned for that particular year.

At that time, they stayed in the hospital approximately 120, 130 days. Many of those infants had had no prenatal servicing whatsoever. The amount of drug exposure was fairly intense. I think at that time there was sort of an acknowledgement of addictive behavior in moms, but I think it was just too hot to handle as far as a public discussion.

I can share with you even in the AAFP, American Academy of Family Practice and Pediatrics, there was just beginning to be some discussion in the late 1970's and 1980's about addictions in mothers. If some of you remember, Ira Chasnoff's article on crack babies, that was in the *New England Journal* in 1982, spoke to that issue.

The fact is we decided as the Junior League to not only go in in 1990 to sort of rock the babies—there was a lot of interest in holding the babies, and believe you me, once you see these little snookums, that is all you want to do. Yet, the reality was that we went in and realized that we had to have something on the side of prevention and intervention. Senator Feingold, I do share with you that sentiment.

We were enamored with the infants. The fact that we had these very new lives in our arms and realized the impact of whatever our program was going to do was going to impact first on them—we decided to look at the tougher side of the issue, and that was working with the moms. The Junior League of Washington, in combination with the Coalition of 100 Black Women—actually, there have been quite a few groups that have been involved. We have worked with the Mayor's Council on Infant Morality to design an instrument that would help us look at those high-risk moms to determine actually who would come into our so-called prenatal outreach program. In other words, can we get these moms prior to the problem really coming down to now I have to abandon my infant?

What we found that was really exciting—and when I say this was basic, rudimentary, we have a limited number of bodies. The Junior League did throw funding behind the cause, and I have to say that our organization was willing to take the risk. That first year, we funded up to \$50,000 in startup costs to, in fact, see if we extend a collaborative hand to these individuals that were determined to be very high-risk, their significant other had been incarcerated; if their economic standing was such that they routinely were without any funds; that they were in and out of a shelter in a particular given time, and generally we are using initially that reference within 6 months to a year being referred to our program. If, in point of fact, they had had other children that had been taken away via Protective Services, these were the women that we wanted to work with.

Our program essentially focuses in on some of the support side issues that I call some of the intangibles that impact on health care, like, for instance, the whole dialogue on practical nutrition. Our program will often go down to the corner store. As you know,

in some of our inner cities we don't have some of the very large grocery stores and bargain stores. Often, the most expensive stores are situated in some of our communities.

In some instances, we have found mothers are more apt to go down and buy potato chips and things like that rather than what I call a really well-rounded meal for those infants. There is not a lot of discussion and care tending about the issue of breast feeding and, as all of you know, that is a critical staple for these high-risk babies, as well as from the standpoint of the bonding process. That also creates prevention. I mean, what a wonderful chemistry to have our systems acknowledge that the mother's responsibility is to want to bond and to care tend that relationship.

We found that in putting those components in an educational format—and these are creative formats. These are not the traditional classrooms where individuals sit down with a pen and pencil. Just to give you an idea of how interesting this can be, we have had a safe sex party for our pregnant moms, and they are usually very pregnant. I mean, these are not—you know, they are very visible.

One of the things that they always admire is coming in and saying, now, these are interesting models here; what are we doing? Well, we are going to discuss do you know how to put on a condom correctly and how to dialogue with your significant other that you have to protect yourself and the baby so that we don't have the mothers in harm's way; that you know how, through some role modeling and some discussions and dialogue, to deal with critical issues as far as your health care and as it relates to the infant.

We talk in advance of the baby's birth about the critical need of having the children immunized and making them aware of the services that are available that they are entitled to for their children. If there is a problem in their getting their services, we have volunteers not only with our program with the godparents program. These are what I call senior citizens that serve as guardian angels to make sure our mothers make it to their prenatal appointments and their special service appointments so that, in point of fact, we provide these individuals with the means, if you will, to make it possible for them to have a healthy baby.

As a clinician, I have always been surprised and I have, as a volunteer, been enlightened by the fact that even when a mom is struggling with her addiction, when she is clear, when she is coming out of her cloud, she still has the same dreams and aspirations of having a big, healthy baby, and she will paint this picture of what I call the Gerber baby.

The big awakening comes when she does go to the nursery and sees a baby that has been insulted by her disease, and it is always—you can feel the coldness and the sense of feeling overwhelmed that she realizes the impact she has had on that infant.

Our program has started at D.C. General because it is our county facility here. We have been in discussion with other hospital systems here about possibly duplicating this effort, as well as establishing some training programs to move this further. We really feel, however, that we have to evolve now into that point of recognition for those individuals similar to Ms. Holland beside me that have been clean and have gone through the energy and effort to have therapy and treatment, who have said that I want to be re-

sponsible and I want to be the caretender for my children; yet, I am still dealing with and haunted by the fact that I am homeless.

As you know, if a mother has a newborn baby she cannot take that baby home to a shelter. Those babies have to stay in the hospital, therefore. We would like to be able to extend our outreach service to a transitional facility, with some time limits, to help the mother in that bonding process after the baby is born. We have experienced last year, in particular, a fair number of mothers who, quite frankly, could have taken their infants home, but because they were in shelters could not do so.

There is a backlog here in the District waiting for places, and so here we have a situation where we have a mom who is in therapy, who is taking her two or three bus trips to the particular support services trying to make it possible, and yet has not been able to do so, and we find a child leaving the hospital going to one of our transitional homes for infants, which is really another term for orphanage, unfortunately, or to St. Ann's Care Center for Infants and Children here in the District.

We would like to go a step further, and that is to have a program here in the District that we can use all our collaborations, and the League is very comfortable in, I think, working with a variety of groups to, in fact, leverage those dollars to get the most that we possibly can because we have more than just the baby, we have the mother. We know the mother and baby together are the best possible solution. It is not the only right answer. It is one of the many right answers to a real crisis in our country right now.

It will also allow us to allow for those cogent linkages, such as her understanding and getting her to buy into the quality of nutrition as it impacts on her baby's ability to learn. It allows us to support her interest, not just to give her lip service to her intentions, her goodwill to want that baby to survive.

Most of the moms say, I don't want my son or daughter just to survive; I want my baby to grow up to be healthy and to be a contributing citizen to our country. It is really interesting because we all have this illusion that if they are in a shelter or if they are homeless, their dreams are different, and we find that is not true. We have a luncheon for our alumni that have gone through our program, and those meals are very nutritionally sound. We try to do a lot of things with every opportunity to educate and to expose.

One of the things that I always find interesting is they will say, gosh, I didn't know you could do that with turkey, or I didn't know that you could do this with a meal or a lunch. We try to make it fun so that it sticks, and we try not to make it unrealistic. We try to say, if you have these choices, these are some of the opportunities, even to the extent of having some shopping opportunities to understand the process of how to use coupons to make those opportunities go further.

But we can't just stop after the baby is born. We feel that that has to be extended to allow that mother an opportunity to continue on with her purpose and our purpose for the well-being of the infant.

The CHAIRMAN. Thank you.

Ms. Holland?

STATEMENT OF ANGELA HOLLAND, FORMER HOMELESS WIC PARTICIPANT, WASHINGTON, DC.

Ms. HOLLAND. Good morning, Senators. My name is Angela Holland, a mother of four daughters—Tracy, 12; Rakia, 9; Sade, 3; and Courtney, 10 months. I have been in recovery for 16 months and, believe me, it hasn't been easy. It all started when I was 16 years of age and a mother of a baby girl. I was living in an apartment building in Northwest Washington trying to be a good mother and provider until my landlord abandoned the building. So here I was living in an apartment with no heat or electricity because he didn't pay any bills. This was the heart of winter.

I tried my best to deal with that situation, but I had to do something. So I went to social services to get some type of assistance with shelter, but the worker told me that there weren't any slots available at mother-and-child shelters. I was told that the only thing I could do was to place Tracy in foster care, but to do that I had to sign a paper saying I was unfit and neglected my child. Believe me, that hurt because I wasn't any of those things. I just wanted some type of shelter for us until I could find another place for us.

With Tracy in one place and me in another, it began to take a toll on me. My baby was the only family I had because I came from a dysfunctional family. That is when I started doing drugs. It began with marijuana, then progressed to heroin and cocaine. I truly believe if transitional housing was available to me, my life may have gone in a positive direction without the introduction to drugs.

For 11 years after that, I became the mother of three more girls. My addiction had progressed. I was homeless the majority of the time and the kids were with my mother. In March 1992, I met a wonderful man. I became pregnant with his child. He led a sheltered life and never used drugs. He said he loved me, but would not stand for my using drugs. Now, here I was, homeless, a drug addict and pregnant. I had to do something because I was sick and tired of this life.

So I went to D.C. General Hospital and told them I was pregnant and an addict. First, they got me into the prenatal, the WIC and the Junior League program. With all these programs involved in my life, I learned to live again, how to fix my children a nutritional meal. Without the help of WIC and Junior League, I would not have been able to bring a beautiful baby girl into this world weighing 7 pounds and 12 ounces and drugfree. She wouldn't have been able to get the formula she needs to have daily because of the cost of it. Also, WIC provides my other girls with all the nutritional needs as far as the juices, bran cereal, and calcium in their daily diets.

With the help of the Junior League program, I am proud to say I have been drugfree for 16 months and determined never to travel that road again. Recovery was not easy. If it was, a lot of drug abusers would stop, but I learned that you can succeed if others are there to help you. Without a doubt, the parenting support group helped me come back to my prenatal appointments because it was fun and encouraging. I also enjoyed being with other women who shared my problems.

During the time I spent at the parenting group, I was glad to find out that I was not alone, that there were other mothers who were going through similar things that I was going through. We enjoyed the classes and didn't keep things all bottled up inside. The gifts we received helped me prepare for my baby and, in reality, gave me the peace of mind that I never had and I needed in order to be a good parent.

When the infant arrived, I had the support of many people, including a volunteer godparent, Michelle Nelson, who was with me all the way. My daughter was born happy and healthy. I can only regret that my other children were not as blessed. My addiction caused me to abandon them with relatives. There was no happiness during those difficult years of feeling alone and helpless.

I believe that, by the grace of God, I happened to meet that wonderful man, and, by the grace of God, we celebrated our first anniversary Valentine's Day while in the parenting support group. I married the man of my dreams, a man who never used drugs in his life, but had all the understanding I needed. I thought I was in heaven, but the most wonderful thing that happened was being reunited with my other girls.

Now that I have come this far, I can truly say that it was worth it, but idle time is the devil's workshop and I desperately need to put my talents to work. I truly want to become a certified drug addiction counselor and help others, but I also have a problem. I live with my mother-in-law and my four daughters, my husband, and also her husband in a two-bedroom apartment. Housing has been very hard for us. We have sought and sought. I have looked for over 2 years now and I haven't been able to find anything that I can afford.

My mother-in-law is truly wonderful, accepting my family there, but there is nothing like having your own home. I have to make a decision between planning nutritional meals and going to the grocery store and saving money to move, and I always decided to make sure that my family is provided with a wonderful meal.

So the only thing I can ask of you is whatever programs you are starting or have started, I hope that they will continue because I am not the only one that is out there. I have friends and there are other families that are like me.

Thank you, Sir.

The CHAIRMAN. Ms. Holland, the WIC Program has an educational part, saying, this is a good, nutritional food, this isn't, and so on. Did you learn this when you were in the WIC Program?

Ms. HOLLAND. Yes, I did.

The CHAIRMAN. Did you find it helpful or was this just there because it had to be there?

Ms. HOLLAND. It was very helpful. For one thing, I don't have to just fix my children a box of macaroni and cheese anymore. I know how to plan a healthy meal. I know how to give my children vegetables, their bread, their starch, their bran.

The CHAIRMAN. Thank you. Dr. Grant, if the question is asked that your program may be just duplicative of WIC or food stamps, how would you answer that? How would you show it to be different?

Dr. GRANT. Actually, we often include representatives from those programs in our training programs. Part of the advantage, I think, that we do have is we are able to do the followup and the sort of reinforcement process, making sure that's being discussed in some of those programs is relative to the individuals that we are working with.

To give you an example, depending on the group that we may have involved, we will try to get information on some of the stores that are in that particular community that these moms may, in fact, go to so that they understand what some of their choices are on just a regular basis. It is not so much theoretical, but so programmed that there is a basic understanding about how they can, in fact, make the quality choices they have to. So we make it very relative to their needs, and we have used program officers from WIC in the past for that service.

The CHAIRMAN. Your program was designed for the District of Columbia, but is there any reason to believe it is not transportable? I mean, could you take it to Madison, Wisconsin, just to pick one place?

Dr. GRANT. Yes, and I think partially because I think we have been very sensitive to putting a structure together that will allow for some flexibility and some change. Part of that is because, I think, we have found that our moms are often in a state of flux. When we started this program, we did not realize how many of our mothers were living in shelters, and we have since added an outreach program into a couple of our shelters in the District. However, I think a program such as this—again, all the collaborations that are involved have allowed us to have that kind of flexibility, Sir.

The CHAIRMAN. Thank you very much.

Senator Lugar?

Senator LUGAR. Thank you, Mr. Chairman. Dr. Grant, you mentioned a figure, and did I get it correctly that 22,000 babies are annually in hospitals after birth and during the time they are being medically cleared, and that they stay for 27 to 30 days after medical clearance?

Dr. GRANT. Yes, yes, and that is an average. I would say maybe 3 years ago it was much longer than that. It was well over 6 or 7 weeks. We have reduced that down to a certain extent by changing some of the regs as far as the determination of abandonment for each city and State are defined.

Senator LUGAR. And your calculation is that there is an annual national cost of \$300 million?

Dr. GRANT. Easily, and we are not including all the other pieces of fallout. Our intention was to go in and to work on the intervention and the prevention side because, quite frankly, we did not want to get into what I call the issue of substance abuse in the sense of counseling. Our goal was to allow the mom to stay connected to her prenatal program to the best of her ability and to the extent that we could so that she would deliver a regular size baby as opposed to a *small-for-gestational-age* baby.

We know that those SGA babies are fraught with a lot of extended health care issues, not to mention I think the verdict is still out on the impact of those relationships on the baby's ability to

learn later on in life. We really felt that we had to put the energy on the side of prevention and care tending. Our concern now, Senator, is that it not stop with the birth of the baby. There has to be a transitional process in place to allow for that care tending to continue.

It is interesting to hear Angela say she had to make a choice of saying, "Yes, I am unfit mother, and so, therefore, I have to give up my child to foster care;" when, here is an example of someone who says, "I want to keep my baby, if I had a place to stay." We are seeing those choices being made all the time.

I do want to mention to all three of you, if you have a chance today of reading the *Post*, on A9 the title of the article is "As At-Risk Children Overwhelm Foster Care, Illinois Considers Orphanages." This is a crisis. I don't think we can measure the return. There is a return. That is the part that is so incredibly wonderful about this program. When babies are well fed, they grow well. They are healthier. They don't impact on our health care system in a variety of different ways. A mother gets reinforcement when she sees her baby doing well. She wants to continue that bonding process, and we are just asking for the possibility of being able to extend that service to her.

Senator LUGAR. Let me just send a question using a point of personal experience. My wife, Charlene, who is a member of the National Board of the March of Dimes, became involved in infant mortality questions nationally, but she then focused specific attention understandably on Indiana and the city of Indianapolis, particularly the inner-city area where the infant mortality rate at least a few years ago was found to be over 20 deaths per 1,000 live births, an unacceptably high figure and one of the highest in the Nation. It rivaled the District of Columbia at that point.

She raised \$1 million to endow a "mom mobile" similar to the one that you have here in the District of Columbia, but literally an outreach mobile in which very talented and gifted physicians and nurses look for potential mothers who are pregnant and who have not found their way into the health system. They have succeeded to a very great degree in reducing the infant mortality rate and that quest continues.

But the next thing that occurs, and you have described it, is that a number of babies are born and do live that did not in the previous situation. Although I think you have described accurately the feelings of many mothers who retain a very strong and natural interest in their babies, our experience has been that that was not true of all of the mothers. Unfortunately, a number of the mothers were irresponsible prior to the birth and remained irresponsibly after, sad as that is.

The problem then is obvious, and that is a growing population of children, first of all, in the type of care that you are mentioning, but then in the aftermath when there is not a claim that I want to take care of my baby. I noted, as you did, the Illinois situation today, the thought of orphanages. We think of that in a very pejorative way as being a horrible thing, and yet in many ways it may be a humane situation for some children who otherwise literally are abandoned in the process.

Dr. GRANT. Senator, I think we are going to see a combination of programs. Earlier, I stated I don't feel that there is only one answer to this situation. It is very similar to, I think, going to war-torn areas. You will see communities absorb as many of the infants as they possibly can, but you will see some care tending in groups of a large number of children.

Senator LUGAR. It has become an overwhelming predicament.

Dr. GRANT. Yes, yes.

Senator LUGAR. This is a long subject and the number of children being born out of wedlock is a growing problem. We're into that with the crime bill, as well as in the welfare reform situation now, and these things have a habit of bobbing up at almost each discussion.

However, the problem, in the meanwhile, even as we try to work out how family structure might be strengthened, is children who have been born healthy or who become healthy, because of a humane society, and really how to care for them so that there is some probability of structure in their lives coming along. So I am very much interested in your own testimony because the area in which you deal is a critical one and one that the Nation really needs to pay some attention to because this is replicated in other inner cities and large cities of this country.

It comes down to finally in which account this is to be paid for. Now, we are discussing today the nutritional aspects of children and that is a very important part of it. Obviously, you are discussing a much broader issue of health in general, and finally even caretaking or parenting or some structure for the children, and I appreciate that testimony very much.

The CHAIRMAN. Thank you.

Senator Feingold?

Senator FEINGOLD. Thank you, Mr. Chairman. I thank both of you for very moving and very helpful testimony. Dr. Grant, you discussed the problem of prenatal drug exposure associated with this program and the need to reach mothers prior to the birth of the child. I am told that in the pilot project in Wisconsin, my home State, most women are referred to the Program at the time of the birth of their child. We have had a more difficult time reaching women prior to birth and I just want to know how your program at D.C. General has been able to reach women so early to prevent the impacts on the child and to promote healthier lifestyles.

Dr. GRANT. In many instances, the majority of our moms come in their second trimester. It is not uncommon when a woman is struggling with her addiction that she may not know that is pregnant until that second trimester. They often have missed cycles in general as a result of the chemicals, and so therefore they really aren't sure if they are pregnant or not.

Once they come to our facility, to D.C. General, we have several groups within the hospital that will channel her in our direction. We try to connect our education programs with their prenatal visits. Quite frankly, we felt that was still not enough, which is why the godparents program was instituted, which is also volunteer, to make sure that there is followthrough in getting her to those visits. In other words, we try to capture her on that day of the visit when

she is coming in for services. That way, she is not coming back to our facility two and three times in the same week.

We also have established some support groups. We have found as this program has matured that even after the babies were born we have had several moms who have wanted to stay with their support groups. Many of them don't have a forum to discuss their issues and their fears. The things that happen in their daily lives that put them at risk, you know, I have never had happen to me and I can easily see where it would be very problematic for a mom to continue, I think, giving the support that she needs for her infant if she is in a homeless situation, has no utilities.

Angela alluded to a situation we see in health care all the time, the choice between do I get my medicine, do I get diapers and formula, or do I get medication or do I pay the utilities. Those questions are frequently asked on a daily basis by a number of our families. So our advantage has been that when the mom comes in, or a woman comes in, I think D.C. General has been very forthcoming about, number one, establishing if she is pregnant and, if she is, really being very aggressive about getting her into some support programs and using a common-sense approach. If she is there for a prenatal visit, then she will be in our prenatal outreach program and we automatically assign a godparent to help service her.

Senator FEINGOLD. Thank you. That is helpful. You also mentioned a problem with respect to shelters that do not allow infants with their mothers and how that impacts the border baby problem. In Milwaukee, many shelters do allow infants with their mothers, but I understand that isn't universally the case.

Dr. GRANT. No, it isn't, and there are very few programs that will allow a newborn to go home with the mom. Quite frankly, they are not structured to maintain both individuals. Ideally, it would be wonderful that she would be able to go home to a place that would be designed to allow her to comfortably be with her child. I mean, just realize that many of our shelters don't have—they have a communal refrigeration process; I mean, the whole issue of servicing the baby's needs; the other shelter residents as it relates to the baby's nightly feedings. It is literally a whole way of thinking.

Senator FEINGOLD. Do you have any idea what percentage of these shelters permit this?

Dr. GRANT. It is very low. I know it is less than 5 percent.

Senator FEINGOLD. OK, so it is pretty rare?

Dr. GRANT. Very rare.

Senator FEINGOLD. One more question, Mr. Chairman. Ms. Holland, I just want to commend you again for your tenacity in beating a very difficult problem. Your testimony was extremely moving, and I guess I would just ask you—you have sort of already answered it, but what advice would you give to policymakers as we attempt to address the needs of pregnant or postpartum women who are without homes or a support network? If we were voting in a few hours, what would you tell us?

Ms. HOLLAND. I just hope that when you are going to vote, you tell the other Senators what I said that I am not the only person that is out here. There are a million others who are out here like me.

Senator FEINGOLD. Thank you. Thank you, Mr. Chairman.

[The prepared statement of Senator Feingold follows:]

STATEMENT OF SENATOR RUSSELL D. FEINGOLD

Thank you, Mr. Chairman.

The Congress is spending a tremendous amount of time this year debating health care reform . . . should there be universal coverage? Should there be an employer mandate? What should the benefit package look like? Should long term care reform be included? These are tough questions which every Member of the Senate must address this year and we've spent a good deal of time on this already.

There has been one topic, however, that hasn't received a lot of debate—prevention. We all understand that prevention is crucial, but all too often it is an afterthought when we are bogged down in the immensity of health care reform.

Yet, prevention is what so many of our child nutrition programs are about, either in intent, or in effect. Regular meals composed of healthy foods coupled with nutrition education can produce healthy adults, if we invest in these valuable programs.

The Programs that we must reauthorize this year such as, the Women, Infants and Children Program provide substantial savings in other Government programs such as Medicaid. School lunch and breakfast programs allow children to concentrate on filling their minds . . . not their empty stomachs. Those children can go on to lead productive, fulfilling lives, ultimately saving taxpayer dollars.

Child nutrition programs are not just morally imperative, they are fiscally responsible. They offer substantial returns for investment in prevention.

I'm looking forward to learning about some of the more innovative programs dealing with child nutrition. The homeless preschool food program is one such important program meeting the needs of a population that might otherwise fall through the cracks.

I am also anxious to work with the Chairman to determine what can be done within this committee's jurisdiction to address the growing problems of homelessness and drug and alcohol abuse among pregnant women and the resulting impact on their babies. This is one area where prevention and intervention are absolutely critical to the survival of those women and children.

The Wisconsin State Legislature attempted to address this problem when I was a State Senator in 1989. We created the Task Force to Combat Alcohol and Other Drug Use by Pregnant Women and Mothers of Young Children.

We found that the problem of substance abuse among pregnant women spans all socioeconomic groups and racial groups. This is not an isolated problem and it is not just an urban problem. In Wisconsin 1 in 10 pregnant women put their babies at risk due to illegal drug use during pregnancy.

In many areas of the country this has led to a growing incidence of "boarder babies"—these children are caught in bureaucratic limbo because we haven't yet determined how to meet their needs.

The task force identified many programmatic weaknesses in our web of social programs. In too many cases we had different agencies and institutions treating different symptoms of the problem but no one program was able to provide the cure.

Mr. Chairman, I ask unanimous consent that the task force report² be submitted as part of the hearing record, as I believe it contains some excellent recommendations to deal with this issue.

As a result of the findings of the task force, Wisconsin invested in a pilot project that provided a coordinated net of services to at risk pregnant and postpartum women in Milwaukee County. That project provides pre- and postnatal care, drug treatment, counseling, housing facilities, nutrition education and meals, child care, in-home treatment, and a range of other services. While small in scope, this program has been essential in helping homeless and drug addicted women get back on their feet.

The Program has allowed those mothers to stay with their children, and to become better parents. It is a model of prevention and intervention. However, Mr. Chairman, one of the treatment centers associated with this program, known as SAFE Group Services, can currently serve only 27 women and their children, and it has a waiting list over 70 women long. Other treatment providers and shelters for homeless women and children are in similar situations.

Mr. Chairman, I ask unanimous consent to submit the report on this project for inclusion in the hearing record.

Clearly there is a need to address the nutritional needs of pregnant and postpartum women in coordination with other programs, particularly if they are

²Retained in Committee files.

homeless or drug abusing. I look forward to learning from our very knowledgeable witnesses how we might find more comprehensive solutions to this problem.

We must continue to invest in child nutrition programs that yield such great returns; and we must invest in additional prevention, and intervention programs, if we are to fulfill our obligations to both taxpayers, and the communities we serve.

There is another issue that will be the subject of great debate, as we consider reauthorization of child nutrition programs—that is the fat content of school lunches. I heard a story on National Public Radio this morning that was of great concern to me. The reporter was discussing the provision of the Chairman's nutrition bill which promote the use on low-fat dairy products in school lunches and breakfasts. I commend the Chairman for his work in this area, and I support the provisions of his bill which promote the use of dairy products.

However, in the process of discussing the value of those provisions, the reporter proceeded to blame dairy farmers for the fat content of school lunches. I wish the issue was that simple. However, it is difficult for me to explain to dairy farmers in Wisconsin how they are responsible for the presence of deep fried foods and other low-nutrient high-fat components that we see in school meals. Milk and dairy products are small but important components of lunches. The presence of milk in school lunches greatly increases the nutritional value of those meals and there are few foods that can pass the nutritional tests as easily as dairy products.

NPR erroneously blamed the dairy price support program for dumping high-fat surplus cheese on schools. The fact is that the dairy price support is so low that the USDA has not purchased cheese to support milk prices for many years—and everyone knows that. Cheese in school lunches has been purchased by the Department at market prices to meet their obligations to the schools—It is not surplus cheese.

I encourage USDA to purchase more low-fat cheese for school meals but we have to realize that doing so requires additional training of food service workers. Low-fat cheese isn't as easy to cook with as other cheeses—they don't have the same performance characteristics. Eliminating higher fat cheese from school lunches is certainly not a magic bullet.

Similarly, eliminating whole milk from school lunches as some of my Colleagues have proposed will not solve the problem of fat in school lunches.

While it may be easy to point the finger at agriculture for the nutritional woes of the School Lunch Program, we all know the issue is a lot more complex than that. Dairy farmers are not to blame—neither are their products—and I will not accept accusations against dairy farmers in this debate.

Thank you, Mr. Chairman.

The CHAIRMAN. Thank you, Dr. Grant and Ms. Holland, thank you very much. You have been very patient, and I thank you for taking the time. As I said earlier, Dr. Grant, I am very, very proud of what you have done. I think that it is a model that could be picked up and moved into a lot of other cities with, I suspect, the slightest amount of modification. From the way you have described it, it is something that would have the flexibility to fit in wherever it went.

Dr. GRANT. It has to.

The CHAIRMAN. Yes. You really can't set up a rigid organization on something like that.

Dr. GRANT. You can't.

The CHAIRMAN. Ms. Holland, thank you very much. I have read with interest also some of your quotes in some of the media, and I wish you and your husband and children well in trying to find the housing that obviously you want, with four daughters growing up. Thank you.

We will take a 2- or 3-minute recess and then go to our next panel. Thank you.

[Recess.]

The CHAIRMAN. We will begin with this panel, first hearing from Dr. Joseph Hagan, then Ms. Dorothy Caldwell, and then Marshall Matz will introduce the other panel members. I would note that by sheer coincidence Dr. Hagan is from Vermont. He is the president

of the Vermont Chapter of the American Academy of Pediatrics and he is representing the American Academy of Pediatrics.

I should note that Dr. Hagan and his association have been before this committee at different times. Both the Vermont Chapter and the American Academy have been very, very strong supporters of nutrition legislation. In fact, they have been in the forefront many, many times in our battles for adequate nutrition legislation for children. My good friend, Dr. Richard Narkowitz, has been here and testified at different times.

Doctor, it is a particular delight to have you down here. We tried to arrange a little bit of snow for you. The Doctor and I have had experience both in Vermont and Washington. We know that what we refer to back home as a dusting of snow, which is anything under 2 or 3 inches, down here they have bulletins flashing across the TV to give the appropriate level of panic to the people who are going to be driving in it.

I would point out that there is also a very religious attitude taken toward snow in this area, and that is if God put it there, let God take it away, because let me tell you nobody in the Maryland suburbs, Northern Virginia or the city is going to do a darned thing about taking it away. I will probably hear about that comment later.

[Laughter.]

The CHAIRMAN. Go ahead, Doctor.

STATEMENT OF JOSEPH F. HAGAN, JR., PRESIDENT, VERMONT CHAPTER, AMERICAN ACADEMY OF PEDIATRICS, SOUTH BURLINGTON, VERMONT, ON BEHALF OF THE AMERICAN ACADEMY OF PEDIATRICS

Dr. HAGAN. I should also add that in Vermont this snow storm is only falling on the ski slopes.

The CHAIRMAN. Which is where it should be.

Dr. HAGAN. Yes, indeed.

Good morning, Mr. Chairman and Senator Lugar. Thank you for inviting me. In that very nice introduction, the only part of my expertise that you left out was that I also practice primary care pediatrics in South Burlington, Vermont, but I am pleased to be here representing the American Academy of Pediatrics, an association of over 47,000 pediatricians nationally who care for and advocate for the health and well-being of infants, children and adolescents.

Senator Leahy, it is a pleasure to work with you again. On behalf of the AAP, I want to thank you and the other Members for this opportunity to discuss the importance of child nutrition and the reauthorization of the school nutrition programs and the WIC Program.

The American Academy of Pediatrics has been a strong supporter of these essential programs for many years, and we commend Senator Leahy for his leadership in this area. We look forward to assisting this committee in any effort that will make positive contributions to child nutrition.

Healthy eating habits are, of course, important for everyone, but they are vital to the growth and development of children. A varied diet based on the food guide pyramid of the USDA provides chil-

dren with the nutrients that they need to grow, to learn, to play, to stay active and healthy. For 40 years, increasingly more research has demonstrated the importance of nutrition on the development and the long term health of the child.

For example, in addition to the well-known need for sufficient dietary iron to prevent anemia, newer research indicates that inadequate iron intake leads to poor work performance, hyperactivity and a reduced ability to learn. If the Nation's educational objective to provide a productive workforce is to be realized, we must acknowledge the essential role of childhood nutrition in education.

Of course, we recognize that many adult chronic disorders such as hypertension and coronary artery disease originate in childhood, and it is possible to modify the development of these disorders by changes in child nutrition. Given these facts, then, it seems unconscionable that a great many children in the United States are not getting the nutrition they need to develop properly. Full utilization of the school nutrition programs and the WIC Program are critical to alleviating this situation.

Vermont's children benefit from one of the most successful WIC programs in the Nation. One-hundred percent of eligible applicants are served, with no waiting list. With an excellent system for food delivery to the home and the broad support for WIC by the dairy industry and the health sector, we are not only able to feed our children, but also focus on the preventive aspects of nutrition through nutrition education and through breast feeding promotion. However, the Vermont WIC program also needs additional support in these vital preventive and health promotion efforts.

We know the WIC Program lowers infant mortality rates, helps get children immunized, provides a vital connection with health care delivery systems, thereby making WIC families healthier. Yet, even with all of WIC's proven benefits, current funding for the Program is only sufficient to serve 56 percent of America's eligible children, and many States can find no funds for preventive services.

The AAP has long supported full funding of the WIC Program. We must ensure that the WIC Program continues to stay on track for full funding by 1996, and we applaud both the President's health plan and Senator Leahy's Better Nutrition and Health for Children Act which would make this possible. In addition, we strongly support the provision in S. 1614 that would increase funding for WIC's breast feeding promotion activities because we all know that breast milk is the best infant nutrition.

Meals offered by schools play an important role in the current and future health of the child. Today in Vermont, we have 17,000 hungry children. These are a full 12 percent of Vermont's children, most of whom live in rural communities. More than half of these are school age children who depend upon the National School Lunch Program and the School Breakfast Program. Yet, 11 percent of Vermont schools do not offer meals. Financially-strapped school boards are unable to cope with reimbursement rates that are inadequate. Serving small numbers, they suffer diseconomies of scale. These schools might lack kitchen facilities and simply not have the startup funds necessary to participate. The school nutrition programs deserve our support, and I would like to commend the American School Service Association for its efforts in this area.

In conclusion, promoting breast feeding, feeding our less advantaged children, giving them the basics of nutrition education and allowing them to have healthy school meals are essential steps toward creating more healthy adults and a competent workforce. This is a basic, cost-effective and simple investment in our future. The American Academy of Pediatrics stands ready to work with your committee and the USDA to ensure that all American children have access to good nutrition.

Thank you.

The CHAIRMAN. Thank you very much, Doctor. Again, just from a personal point of view, it is a delight to have you down here.

Dr. HAGAN. Thank you, Senator.

The CHAIRMAN. Ms. Caldwell, it is wonderful to have you here. Again, the American School Food Service Association has been before this committee many times and we are very pleased with the input we have received. As you can see, every Senator who has been here today has mentioned having some folks from their home State, and I am delighted for the local input that you are giving.

Please go ahead, Ma'am.

STATEMENT OF DOROTHY CALDWELL, PRESIDENT, AMERICAN SCHOOL FOOD SERVICE ASSOCIATION; ACCOMPANIED BY MARSHALL MATZ, OLSSON, FRANK AND WEEDA, WASHINGTON, DC.; JO BUSH, DIRECTOR, VERMONT CHILD NUTRITION PROGRAMS, MONTPELIER, VERMONT; CHARLES HUGHES, PRESIDENT, LOCAL 372, BOARD OF EDUCATION EMPLOYEES, DISTRICT COUNCIL 37, AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, NEW YORK, NEW YORK; AND EDWARD M. COONEY, DEPUTY DIRECTOR FOR PROGRAM AND LEGISLATION, FOOD RESEARCH ACTION CENTER, WASHINGTON, DC.

Ms. CALDWELL. Thank you, Mr. Chairman, Members of the committee. We very much appreciate the opportunity to testify before you this morning. I am Dorothy Caldwell, president of the American School Food Service Association, and director of Child Nutrition programs for the State of Arkansas.

Not testifying, but here with me, are: Vivian Pilant, our president-elect; Penny McConnell, our vice president; Marilyn Hurt, chair of our Public Policy and Legislative Committee; and about 700 other members who have been in and out of this hearing room this morning as they go between their appointments with their Congressmen.

Senator, I want to thank you, and the Members of the committee, and the members of your staff for your very strong support of child nutrition programs in the past; and for the extraordinary courtesy you have provided to us, by scheduling this hearing to coincide with our conference.

We know that this is a very busy week for you. It is a very stressful week for you in which you are facing enormous decisions. We know your challenges are not unlike those we face on the front lines at home as we implement your programs—challenges of how to do more with less, how to operate within the rules while breaking out of the chains that bind us, how to meet the needs of real people, and how to retain our sense of mission and purpose in

the face of criticism and other adversity. We have empathy for you and your challenges.

We believe that it is very important that we are here today as your attention is riveted on health care reform and education reform. We know, and a growing number of other people are coming to understand, that having children eat nutritious meals so they can enter the classroom each morning and each afternoon ready to learn is a critical component of health care reform and education reform.

Senator we know you understand that, and you spoke very eloquently about it before the introduction of the bill we are here today to support. We have quoted you widely. One of your Colleagues told us yesterday that if he, a self-proclaimed conservative Member of the Congress, understands that these programs are basic to health care reform and education reform and must be a top priority, then we must surely be successful in convincing the rest of the Congress. Thank you again, Senator McConnell.

[Laughter.]

The CHAIRMAN. I always knew I liked having Mitch around here.

[Laughter.]

Ms. CALDWELL. The National School Lunch and School Breakfast Programs are providing the children of this Nation with more than 30 million nutritious school lunches and school breakfasts every day, and we are providing nutrition education and training opportunities that enable our children to put what they learn in the classroom into practice in the cafeteria.

We are doing this despite the most drastic cuts of any Federal program in funding suffered in the early 1980's, despite dwindling bonus commodities, despite decreasing local education dollars, and despite an unbelievable mushrooming of Federal regulations that have created bureaucratic nightmares and wasted the limited resources we do have. When I look at our programs and how they have suffered, I am amazed that we have been able to do as well as we have.

We have not done what we would like to do and what we have pleaded with the Congress and the Department of Agriculture to help us do, but we have been as successful as we have because of one thing. We have a clear vision of what our programs should be. We know that our programs should be providing the most nutritious meals possible to the most students possible in an environment that will help children learn to eat them.

We know that we are currently doing a better job of this than any other noontime choice students have, according to one of USDA's own studies. We know that with a real team effort with the Congress, the administration, the State, and local communities returning to the shared value of building healthy children who are ready to learn, we can do even better.

It is no surprise to any of you in this room that we believe the best way to achieve this goal is for all children to have access to nutritious meal choices at school, just as they have access to school books and teachers and athletic uniforms. Our ultimate goal is universal school meals, but in the cold reality of today we understand

that the systemic change needed to get us to that place may have to take a back seat to some important incremental change that will build the political will for the systemic change.

I would be remiss if I did not acknowledge the testimony of the American Academy of Pediatrics and their endorsement of our Guide for Creating Policy for Nutrition Integrity in Schools. When this was written, it was written as a guide for policy for State and local agencies, but it is a good guide for policy on the national level as well. The American Academy is among a growing number of organizations who understand the comprehensive nature of our programs.

Therefore, the American School Food Service Association approaches the upcoming Child Nutrition Reauthorization Act of 1994 with several goals in mind: to integrate the school nutrition programs as much as possible into the overall education day, to return the focus of school meals to learning readiness and health promotion, to improve access to the USDA Child Nutrition Programs in our schools for all children; to continue to improve program quality, and to reduce the paperwork associated with USDA Child Nutrition Programs and create one seamless child nutrition program that would allow all USDA programs to operate effectively and efficiently in schools.

There are several bills now before your Congress which have the support of ASFSA. First and foremost, of course, Mr. Chairman, is your legislation, S. 1614. We strongly support the important changes in this bill that would implement the reduced price category. You have called for raising the income limit for free lunches or breakfasts from 130 percent of poverty to 185 percent of poverty, which is the current WIC guideline, for elementary children. We strongly urge you to add high schools to this, and we support it strongly.

We are also pleased that your bill reauthorizes the National Food Service Management Institute, and we support your provisions for school breakfasts, NET, the menu planning guides that will recommend that menus achieve an average of 30 percent of calories from fat and 10 percent of their calories from saturated fat, the summer food service program, the SAE that you have included. Senator Lugar has introduced S. 88, which would delete the requirement that schools sell specific types of milk. We support this legislation.

In addition to the important provisions contained in S. 1614, we would like to recommend several additional provisions and we would appreciate your consideration of these. One is reinventing school meals demonstration projects. As you know, H.R. 11 has developed a significant constituency. In spite of the tough times that we have today, H.R. 11 has more than 40 cosponsors in the House and has been endorsed by more than 30 organizations.

In the Senate, as you know, S. 303 asks the Department to do a comprehensive study to examine how to structure and fund a universal program. We believe that a significant demonstration project on reinventing school meals is justified. We urge that Congress mandate a demonstration project that would include at least one school district in each State. The mandate would require the Department to look at, among other things, the effect of a universal

approach on student participation, the administrative cost savings associated with the Program and the effect on the nutritional quality and the education benefits.

We also support quality assessment programs and an amendment that would replace the current and narrowly focused coordinated review effort with a quality assessment program. To meet the enhanced nutrition goals of the Program, evaluation activities must be consistent with current education practices and they must focus on the desired outcomes for program quality.

We are also interested in forprofit competing food sales as they relate to the goals of this program. The USDA school nutrition dietary assessment study showed that school lunch participants met the recommended dietary allowances for key nutrients, while nonparticipants consumed as little as 20 percent of those important RDAs.

We support a Congressionally-mandated study that would require USDA to undertake a comprehensive study on the effect of forprofit competing food sales in schools. The purpose of this study would be to determine both the nutritional and the financial impact on both students and the Programs.

We are also interested in special needs, as we know you are, and we support a special supplemental reimbursement for meals provided to students. We support your child care food programs changes and we support the seamless program idea so that you would reduce barriers and duplicative paperwork between programs.

Many of the provisions in S. 1614 would require an increase in expenditures and, like all Americans, we do appreciate that those are in short supply today. On the other hand, we have heard this morning that we must put our dollars where our goals are.

The Child Nutrition Forum, which is an umbrella organization for all groups interested in child nutrition programs, recently came together to ask for an increase in child nutrition funding of \$300 million. In our opinion, we could fashion a very positive child nutrition reauthorization bill for \$300 million above current services, and we would appreciate this committee contacting the Senate Budget Committee in support of that funding recommendation.

The CHAIRMAN. What would you do if we ended up, though, with, say, after going through the Budget Committee, \$150 million for your increase? Where would you spend that first, knowing that some of the things that you want and I want may be dropped out? Where would you go first if that became the funding level?

Ms. CALDWELL. I would try to look at where we could spend \$150 million in the first year and still try to get that \$300 million in the outyears.

The CHAIRMAN. I understand, but suppose our budget is limited. Then we are going to have to make some very tough choices. What do you go with first and what gets dropped?

Ms. CALDWELL. That is a very difficult decision, as you know. We would be very glad to work with you on that. I know that the school breakfast startup grants have been very wonderful for access. They have had outstanding success and we know they are a very popular program with the people at home.

Everything that we think you need to do is to build that local political will to support the school meal programs as important to health and education. Sometimes that takes dollars, but sometimes it takes building programs that people really believe in and support on the local level, and the school breakfast startup grants have been very effective in that.

The CHAIRMAN. Let us work on this, though, because I would like all of the items in the bill, but I also understand that we may not have that luxury. If that is the case, we want to make sure that what we do spend it on goes to the most important first; I am not suggesting they are not all important, but if some have to be dropped, we will have to decide.

Thank you very, very much.

The CHAIRMAN. Marshall Matz, my good friend, again no stranger to this committee, is also here, and you have three people you want to introduce.

Mr. MATZ. Mr. Chairman, thank you. I believe that lawyers should be on tap and not on top. I don't have any statement, but I am delighted to introduce the American School Food Service Association. You have just heard from our president, Dorothy, who I want the record to show was from the great State of Arkansas, but elected much earlier in this process than our national leader. She came first.

The person to my right you know well, Jo Busha, the director of Child Nutrition for the State of Vermont. I am delighted to have with us also Charlie Hughes, the able representative of AFSCME whom I serve with on the board of FRAC, and I know of his deep personal commitment to these nutrition issues. Immediately to his right is indeed the deputy director of FRAC, Ed Cooney, who, as you know, has been a longtime advocate and able spokesman for these issues.

If I may just take 1 second because you gave me the opening, in response to your question there is a letter on the Houseside where the authorizing committee sent to the Budget Committee a request for \$1.2 billion over 5 years, so that is just slightly above the figure you threw out, but not very much. It is approximately the same figure.

The CHAIRMAN. Yes, and I am not trying to put you or either Ms. Caldwell on the spot. If we were allowed to write this bill any way we wanted, Ms. Caldwell, the two of us, I suspect, would come out with virtually the same bill. It isn't an easy time.

Mr. MATZ. I think the only point I wanted to make is the statement that we do believe you could write a very positive, constructive bill that you could be proud of and we could all be proud of that would help kids for that ball park range. We don't need tens of billions of dollars.

Senator Lugar made the point earlier, which we appreciated, that we did an awful lot for very little in the last reauthorization, and I think a level similar to what the House authorizing committee has suggested to the House Budget Committee is something we could come together behind with staff and we would all sit down. Hopefully, it would include the pilot projects Dorothy is talking about because I think that is so important, and we could write a

bill that we would all be excited about for that level of funding. So you are thinking correctly.

Thank you.

The CHAIRMAN. Jo Busha, is another friend from Vermont and one who has done yeo-person's service in our State in making these programs work. Jo, I am delighted to have you here.

Ms. BUSHA. Thank you, Senator. I am really pleased to be here, but I am also here on behalf of Julie Cadwalader Staub, the director of the Vermont Campaign to End Childhood Hunger. She wasn't able to be here today.

In each of these roles that I play, as a member of the School Food Service Association, as a State director and as a board member of the Vermont Campaign to End Childhood Hunger, I am really concerned about two areas of the Child Nutrition programs—the quality of the Programs and access to them. That is why I am very pleased to be here today to be able to testify in support of Senate bill 1614 because it addresses both of these important elements and thus strengthens the Programs.

First, I would like to speak about access.

The vital link between nutrition and learning has been well documented, especially in regard to the School Breakfast Program. This firm knowledge, coupled with critical enhancements from State and Federal funds, led to a huge growth in the number of breakfast programs in the last few years, and I think that the school breakfast startup grants have been a very important factor in this expansion.

In Vermont, 44 schools, and that is about 11 percent of all of our public schools, participated in the startup grants and received just over \$250,000. In the last year alone, we had a 35-percent increase in the schools participating in the breakfast program. This meant that 15,500 more kids had a breakfast program available to them this year than last.

The school breakfast startup grants played a major role in expanding access. Not only the 44 schools that received the grants, but also the impetus that the whole project created made school breakfast the right thing to do in all schools and increased more schools deciding that they could participate. The school breakfast startup grants also helped in some of the schools that Dr. Hagan mentioned previously where they had no food service before. Getting a grant made the community decide it was time to put in a kitchen and start both a breakfast and a lunch program.

But we aren't done. Many *severe-need-eligible* schools still haven't joined the Program. In Vermont, which is the smallest child nutrition program in the country, we have 43 *severe-need-eligible* schools that still have not joined the Program. In California, which is the largest child nutrition program, they have 550 *severe-need-eligible* schools that don't have breakfast yet.

Each year, we figure out how to solve more of the schools' problems and to get them over the barriers that have prevented them from starting a program, but as we deal with those and get those schools into the Program each year the schools that are still left have the most complex reasons why they haven't started a program and they will need more help to overcome these barriers and get their kids having breakfast. We must not drop the ball now. The

children who attend schools not yet in the breakfast program also need the opportunity to start every day ready to learn.

Many other provisions in the bill expand access to the Program. In particular, I strongly support the change in the free meal eligibility guidelines to make them consistent with the WIC Program. In Vermont, only about half as many of the children eligible for reduced price meals eat breakfast each day compared to the kids eligible for free meals.

We find that \$.70 a day is too steep a price for the working poor to pay so that their kids can have breakfast and lunch at school every day. However, extending this benefit to children in grades K-8 is only a first step. I am still concerned about the older students who need good nutrition as well as they go through their growth-spurt years.

I know budgets are tight, but I also know that budget making is all about priorities. You know, we have said for years that it is a shame what happens in many low-income families when money is tight and there are bills to pay. What gets cut? Well, the food money is what gets cut, and I hope that at the national level we can understand that dynamic and try to keep our priorities straight.

Once we have improved access to the Program, we still need to make sure that the Programs are of the highest quality possible. Indeed, the parts of the Better Nutrition and Health for Children Act that I am most excited about are those provisions dealing with nutrition and nutrition education. This is a refreshing focus on the fundamental heart of the Program.

But I continue to be concerned that undue regulatory rigidity will hamper schools' ability to operate the Programs effectively and make sure that we are feeding the children well. I suggest that there are two steps that could remedy this and get by all of the paperwork problems that detract from the important work of feeding children

The first step would be a significant demonstration project on reinventing school meals to explore the effects and the effectiveness of a universal meal program. The second step would be to replace the current and narrowly focused school lunch review process with a quality assessment approach to school nutrition programs. This approach is consistent with current practices both in education reform and management theory.

Our efforts to reform health care and restructure education in this country will not be effective if we don't first take creative steps to reinvent school meals so kids aren't hungry and so that they can make the most of their school day.

Thank you.

The CHAIRMAN. Isn't it also safe to say that we have some significant differences not in need, but just in the administration as you move from a very rural area to a very urban area in management scale and everything else?

Ms. BUSH. Absolutely. I think that one of the things that the whole notion of reinventing is about is site-based management, understanding that we need to hold local schools accountable for what they do, but allow them to do it the way that is appropriate for them. Clearly, a school that has 12 kids in Granville, Vermont, has

to operate a school lunch program in a very different way than the Washington, DC., schools with their thousands.

The CHAIRMAN. Even in keeping with good nutritional guidelines, you also still have regional differences in what foods, vegetables, and so on are acceptable and typical.

Ms. BUSH. That is true.

The CHAIRMAN. Mr. Hughes, I am delighted you could come down here today and it is good to have you here with us.

Mr. HUGHES. Thank you, Mr. Chairman, and Distinguished Members of the committee, Mr. Lugar, and your Colleagues. My name is Charles Hughes and I am the president of Local 372 of the New York City Board of Education Employees, and chairperson for AFSCME, the American Federation of State, County and Municipal Employees—chairman for all of the school employees throughout the United States, which is about 150,000 folks strong coming from an institution that has 1.3 million members. Of course, we have members in everybody's State.

I was trying to figure out a way to supplement and enhance the already made presentations, and I thought that, perhaps since the Cardinal was here this morning, maybe we could sort of go back to a Man who stood on the banks of the Sea of Galilee and took a child's lunch and fed a multitude.

While I do not equate you distinguished gentlemen as that man, I—

The CHAIRMAN. Oh, go ahead.

[Laughter.]

Mr. HUGHES. I will say—

The CHAIRMAN. It is the only time it will ever happen in my life.

[Laughter.]

Mr. HUGHES. I will say, however, that you are part of the 12 disciples that have carried out that need to give our children nutritious meals.

I certainly support S. 1614 not only because it is sponsored by you, but because you have been a champion for those who could not help themselves and they are the children of the United States of America. You mentioned earlier when you were talking to some of your other Colleagues about your heritage. Well, I am African-Irish American and I am very proud of that, and people ask me why I say that these days. I say, well, I have got the best blood from the African community and the best blood from the Irish community, so I must be a super dude, and I am so happy to be here with you this morning.

I want to also, if I could take a moment, give credit to Mr. Goodling, Mr. Kildee and others in the House for the good work that they have done. I don't normally praise too much, but I would say that the Republican Party has been fair to us on this nutrition meal program for our children. I am a longtime Democrat, so I don't want anybody to get misled about that, and I could always say good things about Democrats. Naturally, Mr. Leahy has done a wonderful job in leading us to the promised land.

In about 2 years, we are going to celebrate 50 years of this program. That is a long time, but if you could look back and see the

good that it has done from the days of the army, when our people were going into the service with deficiency in nutrition, to the day where we have started to implement breakfast programs—and hopefully by the 50th anniversary, we will have a breakfast program in every school in the United States of America and those nonprofit agencies will profit by helping our children maximize their potential.

I say to you that you have done it with a tough budget, difficult times. Everybody is saying, don't give up any money, but you gave us money to do a job. We want you to continue to do that, and we want you to know, too, that every time you take a risk for us on this program you are telling somebody else no. I am saying to you that because you do that, you can always depend upon us to support you in your endeavors to continue to fight the fight for our children.

Let me also say that the American School Food Service Association is a partner with our Union. It is a managerial organization like we are a Union. It goes to show you that if there is common cause, common beliefs and common goals, we can work together and not hurt each other. So to the American School Food Service Association, on behalf of AFSCME, we thank you for joining us and letting us work with your coalition to help feed the children of the United States.

Mr. Chairman and Members, I have a lot of pieces of paper here. I am going to ask officially that they be introduced as part of the record. I know that you have a lot of things that you want to do and have to do and that your schedule is limited. So I am not going to utilize all of my time because you have allowed me to do this time and time again before. I have been here approximately 15 to 20 years on this same subject, and I can truly say at the age of 53—and my son, Martin Hughes, and my wife, Shirley Hughes, and my colleagues from our Union are here. We want to say to all of you that it has been worth every year coming here for the kind of leadership that you have demonstrated for the children of the United States of America.

On that basis, I ask God to bless you all, and thank you so very much for listening to my presentation.

The CHAIRMAN. Thank you very much, Mr. Hughes. I would note that you and I are the same age. We are both 53 and we also comb our hair roughly the same.

[Laughter.]

Mr. HUGHES. Not too much left.

The CHAIRMAN. If you are back down here 2 weeks from now, or a little over 2 weeks from now on the 17th, you can come with me to one of the St. Patrick's Day parties that we have here.

[Laughter.]

Mr. HUGHES. I will come back.

The CHAIRMAN. Ed Cooney is another person who is no stranger at all to this committee or to me as Chairman because we have worked together on so many nutrition matters over the years. I am delighted to have you here. Please go ahead.

Mr. COONEY. Thank you, Chairman Leahy and Senator Lugar and other members of the panel. I am here testifying on behalf of the Food Research and Action Center and the National Campaign to End Childhood Hunger. CTECH is coalition of local, statewide and national organizations and individuals in all 50 States that are committed to alleviating childhood hunger.

We look to this bill to do three things. We would like to make program improvements in all child nutrition programs. We would like to broaden access to those programs for low-income children who are eligible for the Programs but not participating, and we would like to recommend appropriate nutrition policies and standards that will promote the health status of children participating in these programs without adversely affecting the growth and development needs of low-income children.

We know that you are aware of the great need for these programs. Many of you are familiar with the CCHIP study that FRAC did on childhood hunger which found that approximately 5 million children under the age of 12 at some point in the month go hungry. Subsequent studies by the U.S. Conference of Mayors and Catholic Charities have confirmed these findings. I understand that Second Harvest later this month will be releasing a study on childhood hunger as well.

What may be less known to the general population is how participates in these programs and who doesn't. The National School Lunch Program has about 25 million children in it. Roughly half, or 13.5 million of those children, are low-income. The school breakfast program, while expanding, still only serves 5.8 million children, and when you look at the summer food service program, there are roughly about 2 million children that participate in that program.

That raises an issue because if you look at the School Lunch Program, it functions for 9 months of the year and provides low-income children with anywhere from one-third to one-half of their total daily nutrient intakes. What happens to those kids during the summer? They have nutritional needs.

We would suggest to you that you take a different stance than what happened in some of our States where school superintendents will tell teachers to provide breakfast the morning of the achievement test scores as opposed to all year. The school breakfast startup funds, which have led to 1 million kids joining the Program—Assistant Secretary Bertini in the last administration cited the school breakfast startup funds as the principal ingredient in the expansion of school breakfast programs to low-income children. We ought to have that every day, not just once a day. The Myers study shows that if low-income kids get breakfast at school, they tend to have higher achievement test scores. They tend to be less tardy and less absent from school.

There has been a great deal of discussion about two major pieces of legislation this year. One is health care reform and the other is the crime bill. We regard, as Senator Daschle and Senator Feingold pointed out, that these are preventive nutrition and health programs and ought to be seen that way in the context of any major health care reform. Those of us that would like to make a dent in the crime bill—there is a provision in the House bill, the Woolsey

bill, that raises the age limit from age 12 to 18 in the child and adult care food program, a modest change that costs \$2 million, but imagine if teenagers had an option to go to an education program and the carrot for that program was a nutrition program, namely the child and adult care food program. Right now, if you are over the age of 12, you cannot participate in such a program.

You only get to review child nutrition programs once every four or 5 years. This is the time to act. It was suggested earlier in this testimony that \$300 million in new entitlement authority in this bill could go a long way. We would agree with that statement. If that kind of funding is not available—as Senator Leahy pointed out, it is a very difficult year—and that funding was cut in half, we would urge you to take a look at the letter that Representatives Kildee and Patsy Mink and Lynn Woolsey presented to Chairman Sabo, and I would like to insert that in the record because I think it is a good guidance point to us.

Mr. COONEY. The American Express Company championed a thing called Charge Against Hunger. They raised \$5 million. They said to the schools, what do you need, and 542 grants came in that said we need school food service equipment for people who haven't got a school breakfast program so they can start one and for people that do have a program. Thirteen million was requested. They did award \$1 million for school breakfast startup funds and purchase of equipment. Those things are being used now. The school breakfast startup fund is terrific and it works. It added over 1 million kids between 1990 and 1993.

Senator McConnell is here, and I am very pleased with your tireless efforts on behalf of the child and adult care food programs, specifically your forprofit center provision. I bring you greetings from Linda Locke, who has been working for several years with me to help me pronounce the word "Louisville" correctly, and I am still obviously working on it.

Senator MCCONNELL. You are still not there.

[Laughter.]

Mr. COONEY. I appreciate your support, nonetheless. Your change, which is important, says that if there are 25 percent or more of the kids eligible for Title 20, that language is no longer operable and you want to change it to the school lunch thing. We would recommend that.

In terms of summer food, we would request the committee to look at changing the 50-percent-area eligibility standard to 40 percent. What that means is that low-income kids in rural communities don't get a chance to participate in the Summer Food Program because the 50-percent rule is essentially urban. If this change would occur, a 94-percent increase in Vermont would be possible, and a 58-percent increase in Iowa, just selecting two States at random.

[Laughter.]

The CHAIRMAN. Going alphabetically, of course.

Mr. COONEY. Absolutely.

[Laughter.]

Mr. COONEY. Mr. Chairman, I know you are having a hearing later on nutrition policy, but we agree with the Academy of Pediat-

diatrics that you have to look very carefully at this 30-percent rule. We support the general thrust of Assistant Secretary Haas in this area, but if you take a look at studies like Project LEAN where the 30-percent rule was applied, in some schools you ended up with low-income children being provided with insufficient calories and they ended up, as a result, having more fat but fewer calories. We suggest you take a look. You can in this bill address issues of access, address issues of nutrition quality, but you need to be sensitive to the growth and development needs of low-income children.

Thank you for your previous support.

The CHAIRMAN. Thank you very much. I just have one question for you and then I want to yield to Senator Lugar. We have seen a big reduction in funds for surplus commodities for the TEFAP program, and I am struck by the fact that when we have had disasters it is TEFAP commodities that are rushed to the area. When the hurricane hit Florida, you couldn't tell people, here is money to go buy food. There weren't any stores that were left. They brought in TEFAP. They have done the same thing out in California.

Are you concerned about this, too, or am I just picking a couple of examples that shouldn't cause concern?

Mr. COONEY. No, Mr. Chairman. We have attached to our testimony our press release on the Clinton budget, in which we express our deep disappointment that TEFAP commodity purchases are not included. The elderly and people living in rural areas particularly look upon this as a safety net program. I think the Second Harvest survey is likely to show that there are large numbers of families with children that participate in this program and do not necessarily participate in the Food Stamp Program. This may be all there is, and so the elimination of commodity purchases, we think, is a mistake.

The CHAIRMAN. I have dropped into a lot of TEFAP places unannounced, and in some they didn't have the foggiest idea who I was, nor did I want them to. I just wanted to talk with people. I have yet to find a place where, one, they couldn't have used more food, but second where people, at least from what they told me, were using the food and using it very well.

Senator Lugar?

Senator LUGAR. Thank you, Mr. Chairman. I would just like to ask any member of the panel what estimate you have of how many children there are in America who are not being served by any of the Programs we are talking about today. If you can try to gauge the situation with regard to children in poverty who are missing all of what we are talking about, can you give us any idea of the parameters of the problem?

Mr. COONEY. I sort of dabble in statistics. We haven't said a great deal about the WIC Program, and the President's budget does provide, as S. 1614 does, full funding for WIC. I would estimate somewhere in the neighborhood of 40 percent of the people who are currently eligible are not being served in that very important program.

If you take a look at the Summer Food Program, there are only 2 million people being served and no one knows exactly the full universe of the need, but we do know that at least 13.5 million

low-income kids in school lunch are not being served. Twenty-five million kids, low-income and middle income, are in the School Lunch Program, and I think roughly about 60 percent of the eligible of all children are being served by that particular program.

In terms of school breakfast, you have a little less than 6 million kids being served and that program is 90 percent low-income. So if you are looking at a reasonable target for eligibility, I think you are probably lacking 4 or 5 million kids.

Senator LUGAR. To what extent would this be offset by the Food Stamp Program? Realizing this is an inexact situation in particular meals and family organization, is this a safety net that would pick up a part of that deficit?

Mr. COONEY. No, we don't think so. We think that you need all of those programs. The Food Stamp Program, when you compare it to the WIC Program—the WIC Program is a supplemental food program for high-risk pregnant women and infants, and you have the child and adult care food program which is for preschoolers, and school lunch and school breakfast are obviously for older kids.

All of these programs do supplement one another, and I know that the national evaluation of school nutrition meals that was done during the Reagan administration, a 4-year, \$4-million survey, found that people participating in school lunch spent their money on those meals and did well by that.

We, by the way, also support S. 88. We think it is a thoughtful and judicious bill.

Senator LUGAR. Thank you very much. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

Senator McConnell?

Senator McCONNELL. Thank you, Mr. Chairman. Mr. Cooney, I was obviously pleased to see your references to the Child Care and Adult Food Program Demo Projects, since that was initially my legislation back in 1989. We have seen a remarkable increase in Kentucky under that project. Over 200 centers have joined since that legislation, feeding 47,000 additional children, and I know you share my view that we should continue this worthwhile project.

The hour is really rather late and I won't delay any of you much further, but I want to ask Ms. Caldwell if she could elaborate a little bit on the seamless meal program. I am sort of interested in that. You made reference to it and I would like for you to just elaborate on that a bit if you can.

Ms. CALDWELL. I would be very happy to. We believe we need to make the best use of the taxpayers' dollars as we expand access and that many of the regulations that control the Programs are not the same, so that summer feeding, afterschool care supplements, school lunch have different regulations. If we could operate those programs using one set of standard regulations, then the school would be much more likely to be the site for summer feeding and to provide afterschool supplements and before-school care for children. We could be much more family-oriented and that is something that would be very beneficial to all of us. We have a number of ways that we would like to work with the Department or with you to suggest things that could be done.

Senator MCCONNELL. One other question, Ms. Caldwell, while we have got you. The press kind of dwelled on the negative aspects of the school nutrition assessment survey. I would be interested in your discussing some of the positive aspects of that survey. I think that would be interesting to us.

Ms. CALDWELL. I am very happy to. The study that the press has used as the basis of many of their comments showed that the school lunches had about 38 percent of their calories from fat, that breakfast had 31 percent of its calories from fat. Some people have averaged those together and received 34 percent of the calories from fat lower than the national average for fat intake; others have not.

The study also showed that the school lunches met the RDAs for all the key nutrients and that no other noon time choice students make does that. When students eat from vending machines, snack bars, all the other choices that students make, they get as little as 20 percent of their RDAs, and these are significant nutrients that kids need to grow and develop, even calories that we have spoken of this morning.

Also, we know that in 44 percent of our schools we already have, according to that study, at least one choice that meets 30 percent of its calories from fat. So we think we are well on the way to meeting the goal for the year 2000 that says that 90 percent of the schools would have meals that meet the Dietary Guidelines by the year 2000. We would like to meet them tomorrow. We wish we could. We think it is very important that children learn to eat the very best that they can learn to eat; however, the whole child has to be considered. We just want us to be prudent in the things we are doing so that we can take care of the whole child.

We think the School Lunch Program is doing a great job. It needs additional opportunities to make progress, but we are very proud of what we do and appreciate your efforts to help us do better.

Senator MCCONNELL. Well, I couldn't agree more and I want to congratulate each of you for the contribution you have made over the years to this most important program, and we are going to try to help you do it better.

Ms. CALDWELL. Thank you.

Senator MCCONNELL. Thank you, Mr. Chairman.

The CHAIRMAN. Thank you.

[Testimony resumes on page 46.]

[The prepared statement of Senator McConnell follows:]

STATEMENT OF SENATOR MITCH MCCONNELL

I want to thank the Chairman for holding this hearing today—the first of what I hope will be a series of hearings on Child Nutrition Reauthorization. I also want to thank Cardinal Bevilacqua for coming to testify before our committee. It is quite a privilege for us to have His Eminence here, and I look forward to hearing his testimony.

WIC is a program that works. Not only does it save Medicaid dollars, but it teaches women at nutritional risk about the benefits healthy eating provides to them and to their children. The nutrition education and supplemental foods that WIC provides helps the recipients to learn healthy about lifestyles, healthy eating choices—lessons that will stay with them for years to come.

I understand that the Homeless Preschool Demonstration Project has been successful to date. We are clearly catching a population that had not yet been reached under this project. In Kentucky, the demo is operating in both Covington and Louisville, and administrators have reported to me that they are able to serve the kids well-balanced, healthy meals because of the support from this demo.

I also want to welcome the group of Kentuckians that came to Washington for ASFSA's Legislative Action Conference. I was privileged to be able to address their conference yesterday, and I thank them for that opportunity.

As we head into reauthorization of our child nutrition programs, I think that there are important considerations we need to keep in mind. The link between sound nutrition and the cognitive and social development of a child is clear. Research indicates this link, and school officials see it demonstrated everyday in their classrooms. Teachers repeatedly say that those children who eat breakfast have longer attention spans, are better able to concentrate, and are better able to perform tasks. With over 50 percent of our Nation's children eating school meals every day, our school meal programs play an essential role in providing children with the nourishment they need to learn and grow.

The dedication and hard work of the food service workers produces positive results for our kids. School lunches meet or exceed the recommended level of important nutrients and vitamins, and is a more nutritious alternative than lunches prepared off the school campus. Yes, there is room for improvement in the meals. Nobody in this room would argue that there is no need to look at the nutritional quality of meals. On the other hand, we must be thoughtful about how we ask the food service preparers to respond to this charge. Unbending Federal mandates are not the answer. We must provide food service workers with guidance, with information, with flexibility, with support. Rigid, heavy handed orders, however well-intentioned, will stifle creativity and suppress ingenuity. We all want to implement changes that are in the best interests of our children, of our future, and I look forward to working with my Colleagues on this important matter.

The CHAIRMAN. Senator Cochran?

Senator COCHRAN. Mr. Chairman, let me first congratulate you on convening the hearing. It is important for us to monitor the progress being made in trying to meet the nutrition needs of children in America, and particularly the Programs that are administered under USDA for school lunch and breakfast programs and the like.

We spend an enormous amount of the Department of Agriculture's budget each year on nutrition. About 60 percent of the total budget is going to go to nutrition assistance. The WIC Program and some of the others are examples that have been talked about here this morning.

It seems to me that there is a problem that we have heard about today and in the statements that have been submitted that we need to address as quickly as possible, and that is the costs associated with administering the Programs at the local level—the paperwork, the added expense of people having to be hired to do the things that are required by the regulations of the Department of Agriculture.

I don't know that there is legislation that has been introduced in the Senate on that subject, but I notice that one of the items listed by the American School Food Service Association in its 1994 legislative issue paper is reduce the paperwork associated with administering the USDA Child Nutrition Programs. I think you are going to find a receptive audience here and Senators who are willing to work with you to design legislation to deal with that problem.

I know one of the specifics in that has to do with tracking income and trying to make sure people who are eligible for reduced price meals or free meals are truly eligible on the basis of family income. That is time consuming and that requires a lot of effort, and I have

heard from administrators in my State of Mississippi that that is a big problem and that somebody else ought to be doing that.

Is there a specific bill or a specific provision that you are suggesting that this committee consider trying to get written into law on that subject?

Mr. MATZ. Senator, if I may—

Senator COCHRAN. Marshall?

Mr. MATZ. Before you came this morning, Dorothy made a very strong pitch for pilot projects that would let us and experiment with a number of different approaches.

Senator COCHRAN. This is one school in each district as a demonstration program?

Mr. MATZ. That is what we suggest, but perhaps there are other ways of doing it. Allow me one additional specific comment. Sitting next to me at dinner last night was your State director, Marlene Gunn, and we had a lengthy conversation. You are probably going to visit with her today.

She made the point to me that she thought in the State of Mississippi the percentage of free and reduced was already so high, she believed you could have a statewide pilot, put the whole State on universal for under \$10 million, and perhaps even less depending upon how much cost saving there was with the paperwork reduction burden that you are referring to.

In other words, based on the cost of meals in Mississippi, and the cost of labor—which is a little lower—and the high percentage of free and reduced meals; with just a very modest amount of money, there could be a statewide pilot. Then you could determine exactly how much can be saved by throwing out this paperwork burden.

It is really extraordinary what is going on in school food service. What is happening is that the school food service authority has become the social service agency for the school. Every school in America is doing exactly what the IRS and the State welfare department does, which is determine income, document it, verify it. It is very complicated.

So the provision that, we think, responds to you. The ultimate answer to your question is, "Let us spend some money; hopefully, very little on some pilot projects, around the country, to figure out how to simplify the Program. Let school food service folks spend their time doing what they want to do—which is, prepare better meals." No one in ASFSA has a degree in accounting. They are nutritionists, and it is nutty what is going on under current regs.

Senator COCHRAN. We have some outstanding people in our State who are working on these problems. We also have the National Food Service Management Institute located in our State. The University of Mississippi and the University of Southern Mississippi are both involved in helping to bring information through a satellite network to managers all over the country on how to better manage dollars and the goals of good nutrition for our school lunch and breakfast programs.

I just saw, as a matter fact, in that connection, an article published in the *School Food Service Journal* in February of this year citing the Institute as the recipient of two awards for satellite seminars developed to promote healthy food practices among school age children. So I was glad to see that and I am glad to have a

chance to publicly brag on our institute in Mississippi for doing such a wonderful job.

Also, the director, Dr. Josephine Martin, received the 1993 Medallion Award, according to this same article, from the American Dietetic Association during its October meeting in California, recognizing her contribution to the American Dietetic Association through exceptional service and outstanding professional leadership.

Mr. Chairman, I would like to ask unanimous consent, if it is appropriate, to have a copy of that article discussing this be printed in the record of the hearing.

The CHAIRMAN. Without objection.

[The article Senator Cochran makes reference to follows:]

NEWS

continued from page 17

Safe Food training program in their operations because the program is widely recognized as the industry's most complete and up-to-date food safety and sanitation training program.

For more information on the Industry Council on Food Safety, contact Marc J. Gordon, senior director of sales and marketing, The Educational Foundation of the National Restaurant Association, at (800) 765-2122, ext. 750.

NFSMI and Its Director Win Awards

UNIVERSITY, Miss.—The National Food Service Management Institute (NFSMI), has captured two top awards for a satellite seminar developed to promote healthy food practices among school-age children. NFSMI's "Managing Child Nutrition Programs to Teach Healthy Food Practices" teleconference was named the 1993 Best Distance Learning Program (continuing education) by the U.S. Distance Learning Association and Teleconference Magazine during the recent TeleCon XIII

conference in San Jose, Calif. The same teleconference also earned a second place award for Best Direct Broadcast Satellite Production (under \$10,000 budget).

An estimated 80,000 professionals have attended the first five in the six-part series of teleconferences broadcast in all 50 states through the National Satellite Network. Countless others have viewed taped versions of the satellite seminars. The sixth seminar in the series will be broadcast March 9, 1994.

In addition to the teleconference awards, Josephine Martin, Ph.D., R.D., executive director of NFSMI received the 1993 Medallion Award from the American Dietetic Association (ADA) during its annual meeting in Anaheim, Calif., in October. The award recognizes her contribution to ADA through exceptional service and outstanding professional leadership, as well as being instrumental in moving the profession forward.

Reserve Seats Now for IFMA Banquet

CHICAGO—On May 16, the International Foodservice

Manufacturers Association (IFMA) will hold its annual Gold and Silver Plate Awards Banquet to honor the 1994 Silver Plate Award recipients and announce the Gold Plate Award winner. The evening will bring industry leaders and their guests together at the Chicago Hilton and Towers Hotel to recognize the accomplishments of outstanding executives in nine segments of food-service operations. Make your reservation early by contacting IFMA at Two Prudential Plaza, 180 N. Stetson Ave., Suite 4400, Chicago, IL 60601; (312) 644-8989.

Grecian Delight Awards Scholarship

CHICAGO—Grecian Delight Foods, the Chicago-based supplier of Greek and Mediterranean foods to the foodservice industry, awarded its second Grecian Delight Scholarship Award at the University of Illinois in Chicago to Lisa Catherine Matthews. The scholarship program was designed by Peter Parthenis, chair and founder of Grecian Delight Foods, to further the education of young students of Greek descent. For more information on the

Grecian Delight Scholarship Award, contact Maureen Morgesen at (310) 578-6513.

Call for Papers

CHICAGO—The Institute of Food Technologists (IFT) has announced a call for technical papers about new food products and technologies to be presented at IFT's 1994 Annual Meeting and Food Expo, June 25-29 in Atlanta, Ga.

The New Products and Technologies technical session is scheduled for the mornings of June 27 and 28. Qualifying papers must present technical information about new foods, ingredients, processes, packages, equipment or services to the food industry that were introduced commercially between January 1, 1993 and February 4, 1994. Presenters will have an opportunity to display their products or processes on tabletop exhibits following the technical presentations.

For more information and application forms, call Dean Duxbury, IFT director of professional development at (312) 782-8424. Application deadline is February 18, 1994.

Senator COCHRAN. Thank you very much, and we are also glad to have a number of other Mississippians out in the audience. Ms. Caldwell?

Ms. CALDWELL. I would like to comment on that, if I could. We have been very pleased with the National Food Service Management Institute. As you know, we fought very hard to get that established and it is doing a wonderful job. Frankly, we weren't

pleased that there is a \$150,000 cut in their budget this year. That is not much, but it is some, and we really do support them. We work very closely together. As you know, that is our publication that that was in. They are doing a wonderful job and we do support them strongly. They are providing very needed technical assistance and training.

Senator COCHRAN. Let me just say in response to the comment about the budget request, it is just a proposal the administration has made, and we will be reviewing that proposal very carefully in the Appropriations Committee and I hope we can add some funds there, if we can find a way to do it without jeopardizing other important programs, so that that can be a fully funded program for this next fiscal year.

Mr. HUGHES. Senator, may I add something to your request about eliminating the paperwork?

Senator COCHRAN. Of course.

Mr. HUGHES. We serve 700,000 meals every day in the city of New York, breakfast and lunch. In three of the districts in the city of New York, we experimented with universal feeding and it has been very successful. Aside from the elimination of the paperwork, it also eliminates something else that you can't define so quickly, and that is a difference in income for children and to show that there is race tension. That program has helped to eliminate that.

I would hope that when we celebrate the 50th year of this great program that there will be a universal feeding that we know will work and can work, and it will eliminate a lot of the ill feelings of the students and certainly make the Program very progressive and give it the ability to maximize its potential. The savings that we can gather from that can be put back into the nutrition programs to enhance those programs. So I thought I ought to comment to you because we have had some positive experiences on that, Senator.

Senator COCHRAN. Well, I appreciate your comments very much, and also Marshall Matz' comments on that subject. That is something that we have to give very careful consideration to, in my view.

Thanks, Mr. Chairman.

The CHAIRMAN. Thank you, and I might say your comments about the paperwork—there is not a single one of these programs that I go to in Vermont that I don't hear the same thing that I am sure you are hearing in Mississippi and, Dick, I am sure you are hearing in Indiana on the paperwork. The smaller the school, the greater becomes the burden.

I have had a lot of people say, look, I would like to feed the kids; we are down to the point where we can throw out the paperwork or we can make sure the children are fed adequately, and the thing that we seem to be required to do is fill out the paperwork. Something is wrong in that.

The suggestion to take a State and use it—I think that we should probably deal with larger universes and realize that we may have a certain percentage that will fit in or out of the eligibility. Maybe some that have not been eligible will suddenly become eligible. I suspect it is probably going to cost less in the long run, but

more importantly we are probably going to have children being fed and thus being better students as a result.

I think I would err on the side of cutting the paperwork. The worse thing that is probably going to happen is that we are going to increase the number of children that are fed. Any suggestions that any of you have on that, please send them on. I know in discussions I have had with Secretary Espy and others, they are also interested in cutting the paperwork because it is getting ridiculous.

I can think of one small farm community I went to last year with a very good feeding program. I looked at the kind of paperwork they do and it is ridiculous. I suspect that some of it never even gets read. It gets written, but I doubt if it ever gets read, or if it does then somebody doesn't have enough work to do to read some of that "gobbledy-gook."

Dr. Hagan, you said in your written testimony that it is important to evaluate the fat content of a menu over the course of time, not on a meal-by-meal basis. That obviously is part of a major debate going on right now in the Department of Agriculture. For the School Lunch Program or even the School Breakfast Program, in your estimation as a pediatrician, what is the best way to evaluate the fat content of the menus?

Dr. HAGAN. That is a very important question because we need to remember that the school lunch and school breakfast is hopefully part of the full nutrition for the day. It is, as you probably know, the American Academy of Pediatrics' view to sound a cautionary note about the 30-percent-fat figure in the daily diet, and that comes in two areas.

First is an honest scientific concern about what exactly 30 percent calories as fat means in terms of the nutrition for children. There is no doubt that Americans consume a diet that is heavily laden with fat, and that is for most of us not healthful. However, there has been a certain extrapolation of adult data down for children and the Academy is concerned that should we fall under 30 percent that we might not provide children with adequate calories with adequate nutrition in general.

There is no question, for example, that a diet as low as 30-percent fat for children under 2 years of age is not appropriate. If you use human breast milk as the gold standard, which it is, the fat content is much higher than that.

The second and specific concern about the school nutrition programs, though, is that there clearly are children in this country where those are the calories for the day and we need on a meal-by-meal basis to accept the fact that some meals will be more than 30-percent fat because the kids have got to get their calories, and the fat carries the calories.

The CHAIRMAN. Thank you. I am glad you made that point, and you may not be surprised to know that I have made similar points with those that are discussing it.

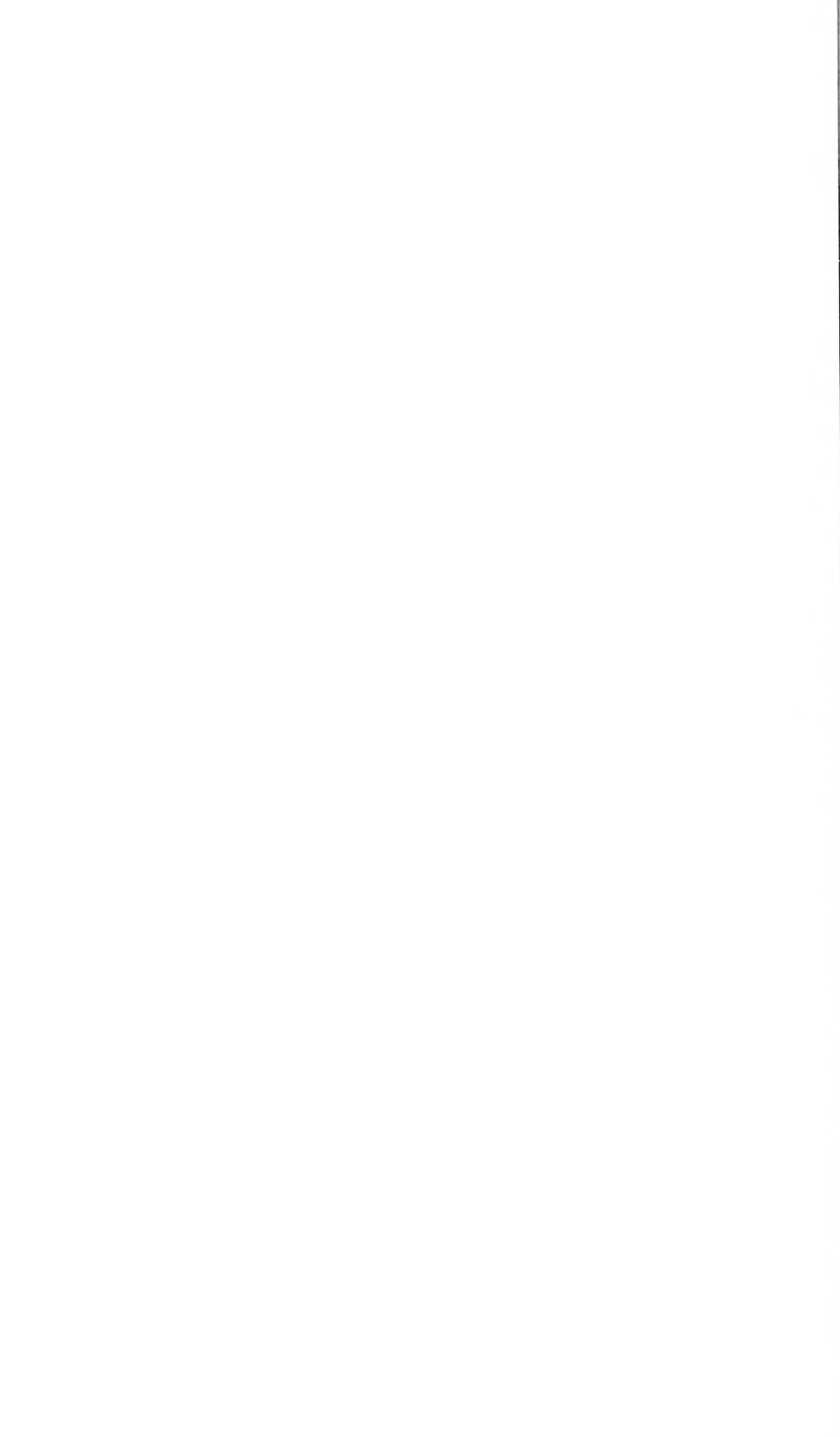
Well, all of you, thank you so very, very much for taking the time to come here. I think this has been an extremely good hearing and it will be the basis of the arguments that many of us will be making with the Budget Committee, with the administration, and with

the Appropriations Committee. Some of us serve on both Appropriations and the authorizing committees, which gives us two "ups-at-bat."

We will keep the record open for 2 weeks. Incidentally, when you get your transcripts back, obviously if you see something you want to add to an answer or add to something you said, just let us know. What we are looking for is the most complete record that we can get. Thank you all very much.

We will stand in recess.

[Whereupon, at 12:34 p.m., the committee was adjourned.]



A P P E N D I X I

PREPARED STATEMENTS

Cardinal Anthony J. Bevilacqua

Mr. Chairman, and Distinguished Members of the Senate Committee, it is a great honor for me to be here today in order to provide the committee with this testimony. Testimony which is really the story of our efforts in the Archdiocese of Philadelphia with regard to the Child Nutrition Homeless Demonstration Program.

Before I relay our specific experience with this very worthwhile program, I would like to share with the committee a few general observations. I begin by thanking Our Lord, that we, in this country, are blessed to have the opportunity to determine, discuss, and debate governmental policy on programs like child nutrition. It is fitting that I begin my remarks by stating publicly how much we cherish this privilege before perhaps the most generous civil authority ever known to mankind. The sad truth is for many of our brothers and sisters in the world who face even larger obstacles in life, our very discussion today is still yet a dream.

Too often we do forget about the realities of our world. I say this not to lessen the responsibility we share nor to rely falsely on what is wrong with the world in order to justify our present condition. I say this to courage you because while much needs to be done much has been attempted.

I would like to encourage the Members of this committee to envelope all particular strategies and programs with an emphasis; no, an outright and wholehearted support for the family. It should be a common goal in all we do. While we are all perplexed about how best to solve our many problems, we are clear that two-parent families, in general do not contribute to our dilemma.

We should therefore publicly acknowledge what we all know is written in our hearts; and that is that a two-parent family should be our most prized social institution. There should be rewards for its existence and promotion; penalties for its abuse.

For you see child homelessness is a symptom. A symptom of a larger cancer. A major contributing cause of child homelessness is "absent" fathers and "present" mothers who are not equipped to provide the nurturing every child deserves and should automatically experience.

The growing problem of child homelessness stands as a ringing indictment that we lack content in our collective character as a free and God-fearing people. We have sadly become an affluent God-challenging people—a people in denial—that many of the very programs aimed at helping have actually worsened our problems. Why? Because we have failed to serve the spiritual dimension of our brothers and sisters while providing temporal help. We have allowed a valueless agenda to supersede our common sense.

I implore the Members of this committee to seek ways to address these very real spiritual needs. For it is this same spirit that animates us to provide this most important service—and to do so with enthusiasm.

My message today is to stop the temporary project . . . please make this program permanent, available to every homeless shelter that qualifies. Let me explain.

We have proved that we can work efficiently with the Government to feed homeless children in shelters. What we demonstrated in Philadelphia has now been successfully implemented in 89 sites in 60 cities—and with little promotion, I might add. This pilot project is proof positive that the Government can best achieve its goals through funding cooperative partnerships with nongovernment providers. I would like to publicly acknowledge that this work would not have been accomplished without this committee . . . and we thank God for your leadership.

This program works because these children need meals not food. That is just what this programs does. You see, for the homeless, they have no where to take or store food so they cannot take advantage of other Government programs.

I would like to tell you a story of one young family. Veronica White is a mother of four children. Randy is 8, Markel is age 6, Rakeeta is age 4 and newborn Nymeeh (Ny-me) is just 4 months old. Today, Veronica and her family have found a home but 6 months ago, Veronica and her children lived at Mercy Hospice, one of the four sites participating in the demonstration project. Mercy Hospice is an Archdiocesan facility for homeless women and their children in Philadelphia. Veronica and her young family became homeless due to an abusive spouse. With no where else to turn, Veronica turned to Mercy Hospice. At Mercy, Veronica's younger children, Rakeeta and Nymeeh were fed wholesome and nutritious child-oriented meals; meals which included milk and infant formula.

As result of the demonstration project, Veronica can say that 4-month-old Nymeeh is the first member of the White family to be the recipient of nutritional meals right from the start. This is why the Program needs to be made permanent.

While the demonstration program is working, however, it could be improved. I would like to recommend the committee drop the age limit of 6, so all homeless children may be able to participate, thereby strengthening the family. Too often, during the transition to homelessness, older children are not placed in school immediately or arrive on weekends. In these instances, these older children cannot be fed until other Government programs apply. We should not allow these children to feel left out or unimportant. To be clear, we do not want to duplicate other Government programs, we do not want to feed these children twice, we just want to be able to feed them when they arrive.

Mr. Chairman, and Distinguished Members of the committee, I thank for your efforts to investigate and develop solutions to this devastating problem. While you have the legislative responsibility, we in the community bear the responsibility for caring for these poorest of the poor. We do this because we believe we are all one human family created in the image and likeness of God. Thus, when one homeless child goes hungry, we are all starved. Today, I again encourage you to focus on strengthening the family in developing programs. I want to assure you of my prayers and my continued personal involvement in finding workable solutions.

Thank you.

Joseph F. Hagan, Jr.

Good morning, Mr. Chairman and Members of the committee. My name is Joseph F. Hagan, Jr., M.D. I practice primary care pediatrics in South Burlington, Vermont, and I am chapter president of the Vermont Chapter of the American Academy of Pediatrics.

I am here today representing the American Academy of Pediatrics, an association of over 47,000 pediatricians in the United States who care and advocate for the health and well-being of infants, children and adolescents. Mr. Chairman, on behalf of the AAP, I would like to thank you and the other Members of the committee for the opportunity to appear before you to discuss the importance of child nutrition at today's hearing on the reauthorization of the School Nutrition Programs and the Special Supplemental Food Program for Women, Infants and Children (WIC).

The American Academy of Pediatrics has been a strong supporter of these important programs for many years, and we would like to thank and commend Senator Leahy for his leadership in this area. We have enthusiastically endorsed the "Better Nutrition and Health for Children Act," (S. 1614) introduced by Senator Leahy last October. Among the bill's many fine provisions are a mechanism to achieve full funding for the WIC program and significantly enhanced funding for the breast feeding education component of WIC. We look forward to assisting this committee in any effort that will make positive contributions to child nutrition.

In my testimony, I intend to discuss: (1) the importance of good nutrition to the health and growth of children; (2) the importance of the WIC program and the edu-

cation WIC provides on the benefits of breast feeding, and (3) the role the schools can play in nutrition education as well as the provision of nutritious meals.

Importance of Nutrition to a Child

Healthy eating habits are important for everyone, but they are vital to the growth and development of children. A balanced diet provides children the nutrients which they need to build strong bodies, grow normally, learn, play, stay active, and healthy. Energy derived from food is needed for the metabolic functions that sustain life—for example, respiration, circulation, and maintenance of body temperature—as well as for growth and physical activity.

A varied diet including foods from each of the major food groups provides the best assurance of nutritional adequacy. Each food group makes special nutrient contributions and each nutrient has certain jobs to do in the body. Foods from all the groups work together to supply energy and nutrients necessary for health and growth. No one food group is more important than another—for good health, you need them all.

During the past 40 years, increasingly more research and emphasis have been placed on the impact of childhood nutrition on the development and long term health of the child. For example, in addition to concern about providing sufficient iron in the diet to prevent anemia, research has also begun to demonstrate a relationship between iron nutriture and work performance, hyperactivity, and the ability to learn. We have come to recognize that some chronic disorders of adult years such as hypertension and dental caries have antecedents in childhood, and that it may be possible to modify the development of these disorders by changes in child nutrition.

In light of what we know about the importance of good nutrition for a child's proper development, it's unconscionable that a great many children in the United States are not getting the nutrition they need to develop properly. In 1991, the Community Childhood Hunger Identification Project, a comprehensive study of childhood hunger, found that an estimated 5.5 million children under the age of 12 in this country are hungry or undernourished. Malnourished children not only suffer from weight loss, growth retardation, and loss of muscle, but also from a host of other more subtle abnormalities including a decrease in school performance, behavioral disturbances and developmental problems. Full utilization of the school nutrition programs and the WIC program are critical to alleviating this situation.

WIC

A pregnant woman's nutritional needs are great. To ensure that each child gets the best possible start in life, we need to ensure that his or her mother has access to the nutrients she needs to keep herself healthy, help her baby develop optimally, and prevent low-birth weight, a leading cause of infant mortality. Similarly, infants have great nutritional needs. During the rapid growth period of the first year, when a baby approximately triples its birth weight, a child's nutritional needs are greater than at any other time in life. Even after that year, though, children are still growing and developing rapidly. Good nutrition and good eating habits during these early years will help to maximize the child's short and long term health, energy level, and ability to learn.

The WIC program helps lower income pregnant women, infants and children get the nutrients they need in these important stages of life. In addition, its nutrition education component helps program participants to choose their food wisely and develop good life long eating habits. As an extra bonus, the WIC program helps families get their children immunized and refers them to social services they might need.

Last, but not certainly not least, the WIC program helps to promote breast feeding—the best form of nutrition for infants. Since its founding in 1930, the Academy has advocated breast feeding, stressing the superiority of human milk, except in those rare instances where specific contraindications exist. The nutritional, immunologic, allergic, psychologic and economic advantages of breast feeding have been studied and are well documented.

The simple truth is that WIC works. We know that the WIC program lowers infant mortality rates, helps get children immunized, and, in essence, makes children healthier than those in similar circumstances without WIC funding. In addition, WIC makes economic sense. When looking at the criteria for effective use of our dollars supporting WIC, we find that every dollar spent on a pregnant woman can save more than \$4 dollars in Medicaid costs for newborns and mothers during the first 60 days after birth.

Yet, with all of WIC's benefits, funding for the Program has been insufficient to serve all those who need it. Only 56 percent of those eligible have the opportunity

to have supplemental food, nutritional education and a referral to a health care source. The AAP has long supported the goal of full funding of the WIC program. We must do all that we can to ensure that the WIC program continues to stay on track for funding by 1996, and we applaud the provisions in Senator Leahy's bill, as well as the President's health plan, that would make this possible. In addition, we strongly support the provision in S. 1614 that would increase funding for WIC's breast feeding promotion activities. The funding increase authorized in the Chairman's bill would restore this vital program to the equivalent of its 1989 funding level. Also, in order to assure that pregnant women continue to get adequate breast feeding support, the sums designated for breast feeding promotion should grow as the WIC program grows. We especially like the provision that requires State and local agencies to get feedback on the rates of breast feeding in each State.

The Impact of Child Nutrition in the School Setting

Good and bad nutrition habits begin at home. Although many things influence what children eat, adults are still the most important role models when developing healthful eating and lifestyle habits. Next to parents, the schools play an important role in the nutritional education of children, and are in the position of reinforcing what children learn at home. For the first time in their lives, many children encounter a situation where they can choose what they eat (as opposed to being served by their parents), and children need to learn to eat foods offered under conditions that may be considerably different from those at home.

Many changes occur in the child's life when the child begins to go to school, and varying nutritional demands are placed on the child as he or she matures. In addition to general growth and development, good nutrition helps children with the following:

- For all children, but especially for young children, breakfast provides the energy needed to carry students through an active morning. Children who skip breakfast may have trouble concentrating in the classroom and during play.
- During the later elementary school years, the child's need for energy increases. The pressures and temptations to replace the school lunch with purchases of snack foods are great. Many of these foods are high in energy but low in nutrients and should not replace a meal. These foods should be thoughtfully selected to ensure optimal nutrition quality and foster healthful eating habits.
- The onset of puberty—with its associated increased growth rate, change in body composition, physical activity, and onset of menstruation in girls—affects nutrition needs during adolescence. Increased growth rates occur in girls between 10 and 12 years, and in boys about 2 years later. Growth in girls is accompanied by greater increase in the proportion of body fat than in boys, and in boys it is accompanied by a greater increase in the proportion of lean body mass and blood volume than in girls. Based on dietary histories, some adolescents have been reported to have insufficient intakes of calcium, iron, and vitamins A and C. Special situations, such as physical conditioning and pregnancy, increase nutritional requirements of the teenager. Health hazards such as anorexia and bulimia are associated with undernutrition and overnutrition during adolescence.

Schools have a unique opportunity to have a lasting impact on the health of America's children by providing a variety of foods that meet nutrition standards, increase dietary fiber, and reduce fat, sodium and sugar. As these considerations are being made by the schools, we strongly suggest that student preferences be taken into consideration when planning meals—providing unappealing nutritious foods won't do much good, if the students don't eat the meals that are prepared.

National School Lunch Program

On average, nearly 25 million children in the United States participate in the National School Lunch Program. All public and nonprofit private schools (regardless of tuition) and all residential child care institutions (RCCIs) can participate in this program. Lunch is available to all children in participating schools and RCCIs. Household income is used to determine whether a child will pay a substantial part of the cost of his or her lunch, or will receive a reduced price or free meal. Meals must meet specific nutritional requirements in order to qualify for Federal funds.

Meals offered by the schools can play an important role in the current and future health of a child, as well as by teaching children how to make food choices that will

have impact on the rest of their lives. The National School Lunch Program could and should be utilized to teach about good nutrition as well as serve nutritious meals. It should be used to a much greater extent to provide positive nutrition messages that link nutrition to short and long term health consequences.

I would like to commend the American School Food Service Association for its efforts to ensure that these goals are met by developing core concepts that State and local school food authorities can adopt to ensure the integrity of child nutrition programs and maximize benefits to students. We agree with the ASFSA that school nutrition should involve a comprehensive approach by providing nutritious food, served in environments which encourage their consumption by students, in combination with nutrition education in the classroom, and strong administrative support. The Academy has endorsed the ASFSA concepts, which I am sure will be discussed at greater length in their testimony.

Fat Content in Childrens' Diets

As I mentioned above, the precursors of chronic illness in adults for many conditions are laid down in childhood. For example, cardiovascular disease in adults appears to be related in part to childhood diets high in total fat, saturated fat and cholesterol. It is also important to note, however, that a number of other factors contribute to cardiovascular disease, such as cigarette smoking, hypertension, obesity, and diabetes mellitus. Children and adolescents in the United States, like their adult counterparts, have higher saturated fat intakes and blood cholesterol levels than children in many other nations. Autopsy studies of children published during the past 5 years demonstrate the presence of raised lesions in coronary vessels of adolescents that progress with age and correlate with blood lipid levels. For these reasons, the American Academy of Pediatrics supports the concept of limiting the fat in the diet to 30 percent of the total calories as well as decreasing the amount of saturated fat to 10 percent.

While we fully support measures, such as those included in S. 1614, to ensure that school meals are not too high in fat, the Academy would also like to sound a cautionary note when it comes to low-fat diets for children, especially those served by the Child Nutrition Programs. While it is certainly desirable for the average American adult to aggressively reduce the amount of fat in his or her diet, a diet which consists of less than 30 percent fat may be too low for some children. Fat forms an important source of calories in their diet. Recent reports of growth failure among children subjected to unsupervised fat-restricted diets testify to the dangers of excessive restriction of dietary fat. In addition, where the food supply is limited and children are at risk for undernutrition, foods containing higher amounts of fat may be necessary to meet calorie requirements. In addition, it is important to evaluate fat content of a menu over the course of time, not on a meal-by-meal basis.

Conclusion

The essence of health care reform is to empower people to make themselves healthier and to take preventive measures to save money in the future. Certainly, feeding poor children, giving them the basics of nutrition education, allowing them to have healthy school lunches, and investing in, and promoting breast feeding will be a giant step towards creating more healthy adults in the future.

Our children will lead us into the future, and we should not waste a single child. We must provide each child with the opportunity to achieve his or her maximum potential. To do that we must ensure that they receive nutritionally adequate and appropriate diets. This is a basic, cost effective, and simple investment in our future. Feeding poor children, giving them the basics of nutrition education, and allowing them to have healthy school lunches will be a giant step towards creating healthy adults of the future. The American Academy of Pediatrics stands ready to work with the USDA in an effort to ensure that all American children have access to good nutrition.

Dorothy Caldwell

Mr. Chairman, Members of the Committee, we very much appreciate the opportunity to testify before you this morning. We especially appreciate the extraordinary courtesy that you provided to the American School Food Service Association by scheduling this hearing to coincide with our Legislative Action Conference. I am Dorothy Caldwell, the president of ASFSA and the director of Child Nutrition for the State of Arkansas. With me this morning is Vivian Pilant, our president-elect, and the director of Child Nutrition in the State of South Carolina. Also with me

is Marilyn Hurt, the chair of our Public Policy and Legislative Committee and the director of Child Nutrition in La Crosse, Wisconsin, and Jo Busha, the director of Child Nutrition Programs for the State of Vermont.

We want to thank you, and the Members of the committee for your very strong support of our program in the past. This year presents a historic opportunity for us to improve our programs through the child nutrition reauthorization legislation that has been introduced in the Senate and the House.

The National School Lunch and School Breakfast programs are providing the children of this Nation with more than 30 million nutritious meals every day. According to a recent USDA study, school lunches are the best choice—including homepacked lunches—in meeting the Recommended Dietary Allowances for key nutrients established for growing children. These programs are vital in the fight against hunger in America.

We feel strongly, however, that we can do a even better job of meeting the needs of the children we serve. With increased priority on the Programs at the local, State and Federal levels, we can feed millions more children, feed all of those we serve meals that meet the *Dietary Guidelines for Americans*.

The American School Food Service Association therefore approaches the upcoming Child Nutrition Reauthorization Act of 1994 with several goals in mind:

- Integrate the school nutrition programs, as much as possible, into the overall education day;
- Return the focus of school meals to learning readiness and health promotion;
- Improve access to the USDA school child nutrition programs for all children;
- Continue to improve program quality;
- Reduce the paperwork associated with USDA child nutrition programs, creating one "seamless" child nutrition program.

There are several bills now pending before your committee which have the support of the America School Food Service Association. First and foremost, Mr. Chairman, is your legislation, S. 1614. ASFSA strongly supports the important changes this bill would implement:

Reduced Price Category. ASFSA supports the elimination of the Reduced Price School Lunch and Breakfast categories in all grade levels. This proposal would essentially raise the income limit for a free lunch or breakfast from 130 percent of poverty to 185 percent of poverty, which is the current WIC income guideline. S. 1614 would eliminate the reduced price category in elementary schools. *We strongly urge you to add high schools as well.* According to USDA, several million poor children who qualify for free and reduced price meals do not currently participate in the Program. One of the major reasons children are not participating in the reduced price category is the cost of 40 cents (40¢) per meal, which can be prohibitive for large families and the working poor.

School Breakfast. ASFSA supports the proposed changes in the School Breakfast Program to increased funding for school breakfast program start-up a elimination of the cost basis for severe need breakfast reimbursement.

NET Program. ASFSA supports the reauthorization and expansion of the Nutrition Education and Training Program as outlined in S. 1614.

Menu Planning Guides. ASFSA supports amending the menu planning guide section of the National School Lunch Act to recommend that menus achieve an average fat content of 30 percent of calories from fat that saturated fat intake should be reduced to a average of 10 percent or less of calories.

Summer Food Service Program. ASFSA supports the Summer Food Service Program and the expansion of eligibility contained in the pending reauthorization bill.

State Administrative Expenses (SAE). S. 1614 would increase the minimum SAE grit to a State from \$100,000 to \$175,000. The legislation would also create a new State administrative expense category for the USDA Commodity Distribution System. We believe that both of these changes are long overdue.

S. 88. Senator Lugar has introduced S. 88, which would delete the requirement that schools sell specific types of milk. ASFSA supports this legislation.

In addition to the important provisions contained in S. 1614, ASFSA recommends several additional provisions and would appreciate your consideration of these proposals.

Reinventing School Meals Demonstration Projects

H.R. 11, The Universal Student Nutrition Act, has developed a significant H.R. 11 has more than 40 cosponsors in the House and has been endorsed by 30 organizations (See Attachment A)³. In the Senate, as you know, S. Res. 303 asked the Department to do a comprehensive study to examine how to structure and fund a universal program. We believe that a significant demonstration project on reinventing school meal programs is justified. We urge that Congress mandate a demonstration program that would include at least one school district in each State. The mandate would require the Department to look at, among other things: the effect of a universal approach on student participation; the administrative cost savings associated with a universal program; and the effect on nutritional quality and education benefits.

Quality Assessment Program

ASFSA supports an amendment that would replace the current and narrowly focused Coordinated Review Effort with a quality assessment program. To meet the enhanced nutrition goals of the Program, evaluation activities must be consistent with current educational practices and must focus on desired outcomes for program quality.

ForProfit Competing Food Sales

The USDA School Nutrition Dietary Assessment Study showed that school lunch participants met the Recommended Dietary Allowances (RDA) for key nutrients, while nonparticipants consumed as little as 20 percent of the RDA's. ASFSA supports a Congressionally-mandated study that would require USDA to undertake a comprehensive study on the effect of for profit competing food sales in schools. The purpose of the study would be to determine both the nutritional and financial impact on students and the financial impact on the Program.

Children with Special Needs

ASFSA supports a special supplemental "reimbursement for meals provided to students with special needs."

Child Care Food Program

The 1989 Child Nutrition Reauthorization Act established authority for the Secretary of Agriculture to carry out a program to assist States to provide supplements (snacks) to children in afterschool care at eligible elementary and secondary schools. Under the statute, eligibility was limited to schools that were participating in the Child Care Food Program on May 15, 1989. ASFSA supports legislation deleting the May 15, 1989 date, thereby allowing all school lunch program participants to operate the supplement program as part of the National School Lunch Program.

Seamless Programs

ASFSA supports legislation that would reduce barriers and duplicative paperwork between programs to create one "seamless" child nutrition program. Such a seamless program could increase access to all of these important programs, reduce paperwork and improve cost effectiveness.

Many of the provisions contained in S. 1614 would require an increase in expenditures. Like all Americans, we do appreciate that Federal dollars are in short supply. On the other hand, the provisions contained in S. 1614 should be viewed in a larger context. Goals 2000, the education reform legislation, emphasizes the importance of preparing children to learn and the vital role that nutrition programs play in accomplishing that objective. There is a widespread recognition in the scientific community that good nutrition is an important aspect of health care. These goals cannot be accomplished unless we are committed to investing in children. President Clinton has recently stated that "school meals not only increase students' attention span

³ Attachment A is on page 61.

and learning capabilities, but also improve their overall health. I would imagine that all Members of the Committee would agree with that statement. We must invest in order to earn dividends.

The Child Nutrition Forum, which is the umbrella organization for all groups interested in child nutrition programs, recently came together to ask for an increase in child nutrition funding of \$300 million. In our opinion, we can fashion a very positive child nutrition reauthorization bill for \$300 million above current services and we would appreciate this Committee contacting the Senate Budget Committee in support of that funding recommendation.

Beyond the cost provisions of the bill, however, we would urge the committee to take a long, hard look at the administrative structure of the School Lunch and Breakfast Programs. The recently transmitted GAO report entitled *Schools That Left the National School Lunch Program* deserves your close attention. The report identified 302 schools that have dropped the School Lunch and Breakfast Programs between July of 1989 and February of 1993. Statistically, 302 schools is a very small percentage of the 93,000 in the School Lunch and Breakfast Programs. However, the information contained in that report on why schools have left the Program and the consequences of leaving the Program raised many concerns. Officials of the schools that left the Program most frequently cited financial factors as the reason for leaving, and the most frequently cited of those financial factors were high labor costs and the cost of complying with NSLP regulations.

Of the 302 schools that left the National School Lunch Program, 81 schools stopped offering daily lunch service completely, and approximately 85 percent of the schools that stopped offering food service served elementary schools. Approximately 70 percent of the schools that left the School Lunch Program continued to provide some type of food service, but only 44 percent of those schools reported that lunches followed any recognized nutrition or meal pattern guidelines. At schools that did not provide free or reduced price meal benefits, students were responsible for their own school lunches, or in some cases, they could earn a free or reduced price lunch by working at school.

It is enormously difficult to operate a program that has nutrition, education and health objectives in the context of an income security structure. We are spending more and more of our time tracking the income of our students—time that could be better spent improving meal quality and implementing the *Dietary Guidelines*. The Internal Revenue Service and the State welfare departments are very good at documenting family income. Why does every school in America have to duplicate that very time-consuming function?

ASFSFA believes that our time could be better spent at the local level working on meal quality and implementing the *Dietary Guidelines* . . . *the time has come to deregulate the School Lunch and Breakfast Programs!*

Recent years have been hard on the National School Lunch and Breakfast Programs. Federal support was slashed in the 1980's; the regulatory burden placed on local schools has increased; bonus commodities have vanished; and there has been a steady erosion of local support with many schools changing school food service programs a higher and higher percentage of the indirect expenses associated with the operation of the school. Education dollars are in short supply at the local level and there is increasing competition for children's food dollars. Current school lunch participation (approximately 25 million children per day) is still 2 million less than it was in 1979, prior to the budget cuts being enacted.

While there is an increasing emphasis on the role that the School Lunch and Breakfast Programs can play in advancing the *Dietary sidelines for Americans*, official policy and USDA regulations still treat the School Lunch and Breakfast Programs as income security programs—not as health and education programs.

As you can well see, school food service programs are at a crossroads. S. 1614 will help us make our way into the next century with our most important goals—nutrition quality and access to the Programs—foremost in mind. Mr. Chairman, as you have said, "Feeding our children right is the best—and most cost effective—health care prevention we know."

We agree wholeheartedly. We must help others understand the potential school nutrition programs have for learning readiness, health promotion and disease prevention and we must be willing to invest in the Programs to earn these important benefits.

Thank you very much. I will be happy to answer any questions that the committee may have.

(Attachment A)

ENDORSEES OF UNIVERSAL CHILD NUTRITION CONCEPT/H.R. 11
(AS OF FEBRUARY 18, 1994)

American Association of School Administrators
American Commodity Distribution Association
American Dietetic Association
American Dietetic Association, Dietary Practice Group #42
American Federation of State, County and Municipal Employees
American Nurses Association
American School Food Service Association
American School Health Association
Association of State and Territorial Dental Directors
Bread for the World
Campaign to End Hunger
Child Care, Inc.
Church Women United
Community Food Resource Center (N.Y.)
Council of the Great City Schools
End Hunger Network
Food Research and Action Center
National Association of Elementary School Principals
National Association of Secondary School Principals
National Association of Social Workers
National Farmer's Union
National Head Start Association
National Milk Producers Federation
New York City Coalition Against Hunger
Nutrition Education Resources Project
Society for Nutrition Education
United Church of Christ—Hunger Action

Charles Hughes

Good morning Mr. Chairman, and Distinguished Members of the Committee. My name is Charles Hughes. I am the chairperson of the American Federation of State, County and Municipal Employees' (AFSCME) School Advisory Committee, which represents 150,000 members. AFSCME represents over 1.3 million State and local government, and nonprofit agency employees across the Nation.

I am also president of Local 372, Board of Education Employees, District Council 37, in New York City. Our members staff the Nation's largest school feeding programs in terms of both student participation and employees. On an average day, our members serve about 700,000 breakfasts and lunches.

It is a privilege for me to testify once again before this committee. During the many years that I have advocated improved child nutrition programs, I have been moved by the committee's sensitivity and commitment to our Nation's children, and, more particularly, by your steadfast support of child nutrition and the National School Lunch and Breakfast Programs.

It is now almost a half century since the interrelationship between America's national security and the nutritional well-being of its youth was recognized. After significant numbers of World War II recruits failed their physical due to dietary deficiencies, lawmakers enacted the National School Lunch Program which specified the congressional policy intent as being "... a measure of national security, to safeguard the health and well-being of the Nation's children."

Fifty years later, America's Nation's economic security is threatened by nations whose workforces outperform our own and whose school children outachieve our own. Our chief economic competitors do a far better job of feeding their school children. For example, Japan serves 98.2 percent of its elementary school children a school lunch.

In just 2 years, we will celebrate the 50th anniversary of the National School Lunch Act. However, I am here to tell you, Mr. Chairman, that we are losing ground in our efforts to safeguard the health and well-being of the Nation's children. Recently, the United States Department of Agriculture (USDA) reported that there are 4.2 million eligible poor students who are not applying for free or reduced price meals.

Although much has been done to rebuild the National School Lunch and Breakfast Programs after the Reagan administration's draconian cuts, current school lunch participation is still 2 million less than it was in 1979. And, while more students are enrolled in the School Breakfast Program today than were in 1981, only one-fifth of the children who eat a school lunch also eat a school breakfast.

The Programs that we have worked to build are threatened. Federal subsidies have declined while costs, including indirect expenses and administrative costs, have increased. With the loss of USDA "bonus" commodities, worth millions of dollars, and ever increasing paperwork requirements, it is no wonder that the Program's support at the local level is eroding. Three hundred and two schools dropped out of the Program between July 1989 and February 1993, leaving 150,000 students hungry or scrambling for alternative meals. This comes at a time when local and State governments, faced with budget shortfalls and increased Federal mandates, have also reduced their support.

Mr. Chairman, I am here today to tell you that unless we take bold action there is a risk that the National School Lunch and Breakfast Programs will ultimately be available only in schools with a very high proportion of low-income students, probably less than 15 percent of all the schools who now participate. This would deny access to many low and moderate income children who are enrolled in the other 85 percent of all schools.

The upcoming Child Reauthorization Act of 1994 offers an extraordinary opportunity to rebuild the National School Lunch and Breakfast Program for the 21st century. These programs are critical to eradicating childhood hunger and malnutrition and to building a high-skilled-well-educated workforce capable of successfully competing in the international marketplace.

While parents and educators have always known that hungry children do not learn, the interrelationship between good nutrition and a child's ability to achieve in the educational setting has been well documented only recently. A study conducted by Dr. Alan Meyers of Boston City Hospital and Amy Sampson of the Tufts

University School of Nutrition concluded that participation in the School Breakfast Program is associated with significant improvements in academic performance, absenteeism and tardiness among high-risk, elementary school children living at, or near the poverty level.

Mr. Chairman, AFSCME strongly supports your legislation, S. 1614. The provision to eliminate the reduced price school lunch and breakfast categories in the elementary schools, thereby raising the income limit for a free meal from 130 percent of poverty to 185 percent of poverty, would be significant in bringing more eligible students into the Program. For this reason, AFSCME urges you to eliminate the reduced price category in the high schools as well. Cost is the principal factor preventing additional eligible children from participating in the Program.

AFSCME strongly supports the School Breakfast Program provisions in S. 1614. Increased access to the School Breakfast Program for low-income children is dependent on the availability of startup funds. The USDA credits much of the growth in the School Breakfast Program from 3.88 million children in fiscal 1989 to 5.3 million by the end of fiscal 1993 to the availability of startup funds. AFSCME believes that \$5-million-per-year in startup funds to defray one time costs is the minimum which should be available.

In previous appearances before congressional committees, I have proposed that the Congress consider enacting a universal school lunch and breakfast program in order to insure that the school feeding programs continue to serve as a broad based nutritional support program available to all school children. I have been heartened by the progress which has been made in bringing attention to this proposal. Universal Student Nutrition Act, H.R. 11, legislation which would give every school in the country the option of providing every child with a school lunch and breakfast by the year 2000, now has 40 cosponsors and has been endorsed by 30 organizations.

A universal program has obvious benefits. It would remove the welfare stigma which is now associated with the Program for students who receive free or reduced price meals. It would enable State and local governments to use scarce dollars to meet other educational needs. It would guarantee that all hungry children provided with the nutritional tools for learning. It would relieve school personnel from focusing on income verification and accountability. In sum, it would remove the administrative barriers which now impede both students and schools from participating in the feeding programs.

Mr. Chairman, my Union and its dedicated school workers stand ready to work with you to develop a universal school feeding program. AFSCME urges the Congress to mandate a demonstration program in the 1994 Child Nutrition Reauthorization Bill to require the Department of Agriculture to establish a universal feeding program at least one school district in each State and to study its effect on student participation, nutritional quality and costs.

Serious problems challenge the continued success of the School Lunch and Breakfast Programs. However, by working together, I am confident that when we celebrate the 50th birthday of the National School Lunch Act in 1996, we will truly be proud that the American school children are getting the nutritious meals that they need to learn.

I would be pleased to answer any questions that the committee may have.

Edward M. Cooney

I. Introduction

Mr. Chairman and Senator Lugar, I would like to thank you for the opportunity to present this testimony on S. 1614, the Better Health and Nutrition Act (the 1994 Child Nutrition Reauthorization Bill). I am presenting this testimony on behalf of Food Research, and Action Center (FRAC), and the Campaign to End Childhood Hunger, which consists of local, State and national organizations; and individuals who are committed to eliminating hunger in the United States.

A. The Need

The reduction of childhood hunger has always been a focus of this committee. Based on our Community Childhood Hunger Identification Project (CCHIP), FRAC estimates that about five million American children, under 12, go hungry at some time each month, and millions more are at risk of hunger. Since we believe that hunger is a condition of poverty, this is not a surprising estimate to us. In 1992, 21.9 percent of all American children—1 in 5—were poor. Government surveys show

that as income goes down, the nutritional adequacy of the household's diet goes down as well. Hunger and accompanying undernutrition contribute to a number of negative health consequences. According to CCHIP, hungry children suffer from 2 to 3 times as many individual health problems—such as: unwanted weight loss, fatigue, headaches, irritability, inability to concentrate, and frequent colds—as do low-income children whose families do not experience food shortages.

Recent national surveys by the U.S. Conference of Mayors and Catholic Charities USA confirm that hunger remains a significant national problem, and that the current safety net of programs is inadequate to meet the need. (See Attachment A, FRAC's Hunger Fact Sheet for a summary of these studies). These surveys note that hunger is not just problem of the under or outer class. It is very much a problem for children and their families. It is our understanding that these findings will be shortly reconfirmed by a major new hunger survey to be released by the Second Harvest National Food Bank Network. As has been mentioned earlier in this hearing, hunger has a negative impact on children's ability to learn. Research indicates that low-income children who participate in the School Breakfast Program show an improvement in standardized test scores and a decrease in tardiness and absenteeism compared to low-income children who do not eat breakfast at school.

I believe that one of the most significant challenges this committee will face during the Child Nutrition Reauthorization process will be to establish better strategies that address childhood hunger. One such strategy should be to ensure access by low-income families and children access to the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program (CACFP), and the Summer Food Service Program for Children as well as the Supplemental Food Program for Women, Infants and Children (WIC) program. Based on the past successes of this committee, I am confident that the 1994 Child Nutrition Reauthorization Bill will contain provisions improving child nutrition programs, and addressing barriers to participation faced by low-income families and children. S. 1614 contains several critically important improvements which can drastically reduce childhood hunger. Two recent examples of successful Congressional action in this area are the funding of an improved meal pattern in the School Breakfast Program in the 1986 Reauthorization Bill (Public Law 99-591) and the provision of School Breakfast Startup Funds in the 1989 Reauthorization Bill (Public Law 101-147). In 1983, the National Evaluation of School Nutrition Meals (a 4-year, \$4 million, U.S. Department of Agriculture (USDA) study) reported that the School Breakfast Program was lacking in vitamins A and B6, and iron. This committee recommended changes in the meal pattern which would provide children with foods that were rich in these key nutrients. Public Law 99-591 and Public Law 100-435 provided the authorization for increases to cover the cost of funding the changes in the school breakfast meal pattern. The USDA promulgated regulations instituting an improved meal pattern and school food authorities incorporated it into their breakfast programs. On October 25, 1993, the Department of Agriculture released the School Nutrition Dietary Assessment which showed that students' average daily intake in school breakfast exceeded the Recommended Dietary Allowances for vitamins A, B6 and iron. Congratulations to all are in order.

In fiscal year 1989, the Congressional Research Service reported that 3.88 million children participated in the School Breakfast Program. According to preliminary figures from the U.S. Department of Agriculture, average daily participation in the School Breakfast Program in fiscal year 1994 was 5.8 million students. Former Assistant Secretary Catherine Bertini frequently cited "startup" funds as one of the critical elements in the expansion of school breakfast during the late 1980's and early 1990's. Congress determined that access to the School Breakfast Program needed to be broadened and your actions have made it possible for almost two million additional low-income children to receive breakfast at school. Thus, Congress has fulfilled its shared role with the Executive branch in protecting the nutrition and health status of the Nation's children.

On the other hand, according to USDA figures from the summer of 1993, only 1 in 6 low-income children who receive free and reduced price lunches during the school year are participating in the Summer Food Service Program for Children.

While these figures represent an under utilization of the Program, they also represent a large jump in participation compared to last summer (an 11.5 percent increase), largely due to aggressive promotion by advocates and State agencies. In order to continue making significant gains in meeting more children's nutritional

needs during the summer months, we need legislation that removes the many barriers to participation by children, and sponsors in the summer food program.

B. The Administration's Response to the Need

We know that President Clinton shares the view that Senator Dole presented to this committee in H. Con. Res. 384, a "Resolution Urging Continuation of Federal Involvement in Child Nutrition Programs." Senator Dole stated: "There is, and should be a continuing primary responsibility of the Federal Government in these child nutrition programs." The President has championed full funding for the WIC Program (and included a plan to accomplish it in his Health Care Reform Bill), and the enactment of the Mickey Leland Childhood Hunger Relief Act. This is further evidence of the Federal Government's continuing commitment to promote and protect the nutritional and health status of the Nation's children.

However, we believe that the President's budget does not fully meet the needs of low-income people. (See Attachment B, FRAC's press release on the President's 1995 budget.)⁴ While the President's budget does fully fund WIC, it does not include funding for critically important improvements and expansions in preschool and school age children's nutrition programs.

These modes improvements are outlined below. These proposed program improvements have broad bipartisan support in the House and Senate and enjoy widespread support in the nutrition community as evidenced by the attached letters to OMB Director Panetta. (See Attachments C and D.)⁵

II. Specific Legislative Proposals to Improve and Expand Child Nutrition Programs

A. School Breakfast Program

(1) Increasing Access through Startup Funds

Proposal: Provide \$5 million in startup funds on an annual basis targeted to schools in communities serving significant percentages of low-income families with children; and assist these schools with one-time costs associated with initiating the School Breakfast Program.

According to preliminary figures from the U.S. Department of Agriculture, 5.8 million children participate in the School Breakfast Program compared to 25.6 million children participating in School Lunch, of which 13.8 million are low-income. Of the schools that participate in the National School Lunch Program, 65 percent also offer school breakfast. This represents an 11.5 percent increase over fiscal year 1993 participation by schools in the Program. This increase is due in large part to the provision of Federal startup funds to local schools.

Since the establishment of School Breakfast Startup Funds in the 1989 *Child Nutrition and WIC Amendments*, Public Law 101-147, 43 States and the Virgin Islands have benefited from this program. Only seven States and the District of Columbia, (Hawaii, Idaho, Iowa, Maryland, Oklahoma, Rhode Island, and West Virginia) have never received grants. Of these, all but Iowa and Maryland have applied. While it is clear that there are other factors contributing to the increase in participation by schools, we do know that startup funds have played a major role in expanding the availability of the nutritious morning meal provided by the School Breakfast Program. USDA's 1993 Budget Summary credits the success of startup funds as a major contributor to the expansion of the School Breakfast Program. The review of the School Breakfast Program included in that document contains the following language:

Since reauthorization of the Breakfast Program in 1989, USDA has provided additional assistance to the States to encourage the expansion of

⁴ See page 73.

⁵ See pages 77 through 81.

breakfast service to more needy children. *This effort has been very successful, as the number of breakfasts served in 1991 increased by over 8.5 percent from 1990.* [emphasis added] In 1993, the maximum amount authorized, \$5 million, is included for distribution to schools to assist them with non-recurring expenses incurred in initiating a school breakfast program. *USDA continues to encourage schools that do not now participate in the School Breakfast Program to do so. Access to a nutritious breakfast is especially important to lower income children.* [emphasis added] (Page 69.)

New school breakfast programs, made possible by Federal startup grants, ensure that regardless of the reason, more children who arrive at school hungry, can now have access to a nutritious breakfast, and as a result, can join their classmates ready to learn.

According to USDA, in fiscal years 1992, 1993, and 1994, the demand (in terms of requests for funds) exceeded the supply available. The total amount available in each of the above-mentioned fiscal years was \$5,000,000; the amounts requested by States were \$7.3 million (fiscal year 1992), \$8.4 million (fiscal year 1993), and \$6.7 million (fiscal year 1994).

The recent SOS/American Express Charge Against Hunger Campaign raised several million dollars to fight hunger. Part of this money was awarded on a competitive basis to schools and school districts that applied for funds to start up or expand their school breakfast programs. SOS received 542 proposals totaling \$13 million. They were able to provide a total of \$1 million to schools. This demonstrates the great unmet need for startup and expansion funds in the School Breakfast Program.

(2) Increasing Participation through Enrichment/Enhancement Funds

Proposal: Authorize \$3 million on an annual basis, targeted to schools in communities serving significant percentages of low-income families with children, to assist schools already participating in the School Breakfast Program with documented equipment or other specific needs—including purchase, replacement and/or upgrade of equipment, outreach or promotion—where such assistance would enable expansion of existing school breakfast programs.

The Federal School Breakfast Startup Funds have provided invaluable assistance and played a significant role in the expansion of the School Breakfast Program—in participation by both schools and students—by assisting schools with one-time costs associated with initiating school breakfast programs. Funds utilized from grants in this program have been overwhelmingly used to purchase, upgrade, or replace existing equipment needed for expansion of meal service. This is likely a result of the elimination of the food service equipment assistance program under *Public Law 97-35, The Omnibus Budget Reconciliation Act of 1981.*

However, startup funds only apply to schools which do not have a school breakfast program. Schools already operating breakfast programs are ineligible to benefit from this program, regardless of the severity of their needs for equipment or assistance. Therefore, it is so desirable to establish a separate fund for schools already participating in the School Breakfast Program, but limited in the number of students they can reach and the kinds of foods they are able to serve, due to antiquated equipment and lack of funds for personnel, outreach, and expansion activities.

(3) Facilitating Outreach

Proposal: Require that USDA promote and market its school nutrition programs for the purpose of (1) reducing stigma associated with the school nutrition programs; (2) expanding participation by schools and students; (3) aggressively promoting participation by producing and broadly distributing outreach materials including television and radio PSAs, posters, brochures, handbooks, and other resource materials; and (4) improving the public image of school nutrition programs—especially school breakfast.

Although a targeted program, school breakfast, like school lunch, is a program for all children. Because of its targeted nature, many persons, in positions of authority within the Program, as well as in the general community, believe, erroneously, that the Program is only for poor children. Oddly enough, very little information on school breakfast is actually received by low-income families.

Findings from FRAC's Community Childhood Hunger Identification Project indicate that children in at least 59 percent of households surveyed were not receiving school breakfast. The primary reason given for not participating was that the school did not offer the Program (45 percent). In addition, 17 percent had not heard of the Program.

An annual survey conducted by Food Research and Action Center requests information about the need for materials on the School Breakfast Program. The most requested materials are television and radio PSAs, brochures, or other materials geared to parents. The state-of-the-art production studio, at USDA, could be put to good use in developing some of these materials.

- (4) Reducing Paperwork and Increasing Conformity with the School Lunch Program through the Elimination of the Cost Basis for Severe Need Reimbursement

Proposal: Conform school breakfast severe need assistance provision to that of the School Lunch Program by eliminating the "cost basis" for severe need reimbursement.

According to the American School Food Service Association (ASFSFA), recent estimates indicate that 44 percent of paperwork in schools is directly related to the school food service operation. The imposition of an additional cost justification to qualify for "severe need" reimbursement is only imposed on the School Breakfast Program and adds unnecessarily to the paperwork burden of schools with high percentages of low-income children. It also fails to enhance the conformity between school lunch,—and breakfast programs—and it imposes an unnecessary burden on schools serving children with severe economic needs, and already face heavy personnel and resource demands.

Under the terms of 42 USC sec. 1769a, Reduction of Paperwork, the Secretary is already compelled to "reduce the paperwork required . . . to the maximum extent possible." Additionally, 42 USC sec. 1769c (b)(2), Minimization of Additional Duties, requires State educational agencies to coordinate "compliance and accountability activities . . . in a manner that minimizes the imposition of additional duties on local food service authorities." The cost accounting requirement, however, contradicts the spirit and letter of the statute, by requiring additional paperwork that amounts to separate accounting for the School Breakfast Program, by schools serving significant percentages of low-income families with children. This additional paperwork requirement poses a barrier for schools with higher numbers of students in need. This inconsistency results in some States failing to encourage, or worse, even discourage, schools from applying for severe need by requiring additional steps and paperwork to ensure compliance with the law.

B. The Summer Food Service Program for Children

(1) Increasing Access

a. Expansion of the Area Eligibility Definition

Proposal: Reduce the eligibility for "open site" programs from 50 percent of the children in a geographic area living below 185 percent of poverty to 40 percent.

Low-income students who participate in the National School Lunch Program receive between $\frac{1}{3}$ and $\frac{1}{2}$ of their total daily nutrient intake from school lunch. Yet, only about 16 percent of the low-income children who participate in school lunch participate in the Summer Food Service Program for Children. If it is critical for low-income children to have nutritious lunches for 9 months, surely it is prudent to ensure that they have access to such lunches year round. Broadening the area eligibility to 40 percent would aid this goal.

Initially 33 $\frac{1}{3}$ percent was the criterion for area eligibility, but that percentage was increased to 50 percent in 1981. Many poor children are denied the opportunity to participate in the summer food program because they do not live in large pockets of poverty. This is especially true in rural areas and newer cities whose neighborhoods are not as economically segregated as they are in older cities.

In fact, an analysis of newly available census data carried out by FRAC shows that one-third more low-income children would be able to participate in the Program if this change from 50 to 40 percent was made. In rural areas, the increase in Summer Food Program accessibility to low-income children would be even greater. For example, in Vermont the number of low-income children who could participate

would increase by 94 percent (almost doubling access), and for Iowa the increase would be 58 percent.

Moreover, criterion for severe need eligibility for school breakfast is also set at 40 percent. This change would encourage more school participation in Summer Food by bringing more conformity between school year nutrition programs and Summer Food.

b. Startup Funds

Proposal: Replace current optional, reimbursable startup grant money with a startup to encourage expansion of participation. Under this proposal, the Agriculture Secretary would make at least \$2 million available to States to provide sponsors with grants to help a sponsor defray the developmental costs for starting summer feeding sites. The grants would be made after the sponsor has been approved by the State and has agreed to run the Program at the site for at least 3 years.

Many potential sponsors cannot afford the time and money it costs to learn enough about the Program to determine whether or not they should become a sponsor. Once they know they want to be a sponsor, they then must find appropriate sites; prepare a complicated application, in order to be approved; hire staff; and make any alterations to the site that are necessary to make it suitable for a program. Currently, some startup money is available, but it is counted against later meal reimbursements.

Startup grants in the School Breakfast Program have been highly successful in expanding the number of sponsors. In addition, Massachusetts, Washington, and Minnesota have started their own startup grant programs for the Summer Food Service Program for Children.

The grants would be made in a substantial number of States and will be aimed at expanding the Program in the areas of greatest need. The Secretary shall develop a methodology and a set of criteria to govern the grant award process.

c. Moderate the Current Restrictions on Private NonProfit Sponsors

The restrictions placed on private nonprofit sponsors were designed to protect "program integrity," but the narrowness of the restrictions and the harsh application by USDA and some State Directors of Child Nutrition have effectively denied access to the Summer Food Program to millions of low-income children.

We recommend that such sponsors be allowed to serve no more than 3,000 children per day, at not more than 20 sites, with not more than 500 children at any one site. We would further recommend that State agencies be allowed to grant a waiver to a private, nonprofit sponsor to obtain meals from a vendor under the same terms and conditions as other service institutions, if the State determines that other reasonable alternatives do not exist and that failure to grant a waiver will result in no feeding site being established for children in the area.

C. Child and Adult Care Food Program

(1) Increasing Access

a. Broadening Eligibility

Proposal: Expand forprofit CACFP eligibility by allowing centers to participate in CACFP that serve 25 percent or more free or reduced price eligible children.

Currently, forprofit centers can participate in CACFP, if 25 percent or more of the children enrolled receive Title XX funding. Unfortunately, because the vast majority of low-income children in day care centers are no longer supported by Title XX money, many low-income children in forprofit day care centers are denied access to the benefits of CACFP. As a result of amendments included in the 1989 Child Nutrition Reauthorization, USDA is conducting demonstration projects on this issue. (The report on this demonstration project has not been released yet.) An example of the advantages of this change can be seen in the results of the pilot Kentucky project. In Kentucky, 225 centers serving 47,000 children with 57 percent eligible for free and reduced-price meals were participating in April, 1993. We believe that a significant number of low-income children in forprofit-center-based care (which is more common in the Southern States) will be aided by this provision.

Proposal: Raise the age limit for participation in CACFP from 12 to 18 years old for children participating in outside school hours programs.

This increase in the age limit would allow after school hour care centers serving middle junior or senior high school students to utilize the CACFP. The opportunity to have CACFP as an additional resource would be especially important for the "at-risk youth" after school programs that have been established for teenagers living in low-income urban areas. An informal staff estimate by the Congressional Budget Office on the cost of this provision as it appeared in the Adolescent Nutritional Equity Act was approximately \$2-million-per-year.

b. Facilitating Outreach

Proposal: Improve the implementation of the United States Department of Agriculture's CACFP expansion funds for rural and lower income areas.

The National Child Care Survey estimates that in 1990, there were four million children enrolled in family day care on a regular basis. In 1992, CACFP was serving only about 20 percent of those children. A significant portion of those unserved are low-income and rural children. "Expansion funds to finance the administrative expenses for such institutions to expand into low-income or rural areas" were provided for as part of the amendments included in the 1989 Child Nutrition Reauthorization Bill. A survey conducted by the National CACFP Sponsors Forum and the Food Research and Action Center, as well as feedback from sponsors at regional and national meetings, revealed the need for several crucial modifications in these funds:

- In order for the expansion funds to be most effective for use in combating barriers to CACFP, the money should be available to CACFP sponsors to help, where necessary, to help low-income day care home providers become licensed. (Family day care homes must be licensed in order to participate in CACFP.) Although the statute is silent on this issue, USDA's current interpretation prohibits the use of expansion funds for licensing. USDA's recent evaluation of demonstration projects on the most effective outreach techniques, showed that assistance with licensing was a very effective outreach technique. USDA's report identified the following barriers to licensing that sponsors participating in the demonstration project helped providers to overcome: "(1) the cost of obtaining a license, which may include costs of licensing fees and/or materials to bring homes up to licensing standards; (2) language barriers, which complicate the licensing process for persons who speak English as a second language; and (3) educational barriers, which prevent potential family day care home providers from tackling the licensing process."
- Additionally, because of the length of time needed to establish relationships in the community, the expansion moneys should be made available for an extended period of time, increasing the grant period to up to 6 months and the maximum reimbursements for up to 100 homes.

(2) Broadening Benefits

Proposal: Providing additional nutritional assistance to children in CACFP family day care homes by providing the option of a fourth "meal service" for children in care over 8 hours.

This provision would require USDA to reinstate the option of providing a fourth "meal service" to children in CACFP family day care homes over 8 hours in a day. The option of a fourth "meal service" is available to centers in CACFP but not to family day care homes. Currently, family day care providers can offer at most two meals and a snack (or two snacks and a meal). This proposal would allow family day care providers to offer an additional meal to children in care over 8 hours, most likely dinner, or if appropriate a second snack. Prior to 1981, when the provision was cut, such children could actually receive up to five meal services each day: three meals and two snacks. The idea was "little meals for little people."

Many children are in family day care homes for 10 to 12 hours each day. It seems unreasonable to deny a child in a family day care home an additional meal or snack that the child in center based care is served. This provision is particularly important for low-income children whose parents may have limited resources with which to supplement the food provided by the family day care home. On a daily basis there are approximately 800,000 children participating in the family day care portion of CACFP.

(3) Coordination of Services to Low-income Families with Preschool Children

Proposal: Reduce the paperwork for Head Start Center participating in CACFP by making the children participating in Head Start automatically income-eligible for CACFP.

Over 90 percent of Head Start centers participate in CACFP. Head Start children comprise approximately 30 percent of the caseload for the center based portion of CACFP. Thus, percentage is expected to rise considerably if Congress fully funds the Clinton administration's Head Start expansion. Head Start income eligibility guidelines allow for income of up to 100 percent of the poverty level, with a 10 percent of enrollment set aside which can be used for children above the income guidelines. If Head Start children were made automatically eligible for CACFP, there would be a substantial reduction in paperwork. This would help to facilitate the coordination of these two excellent programs. Allowing the 10 percent who may be overincome to have automatic eligibility would create a cost to this change. However, the cost of this provision would be minimal because Head Start estimates that 98.3 percent of Head Start participants are actually from families with income below the poverty level.

We need to ensure that Head Start children served in CACFP child care centers for hours outside of Head Start would be able to carry their automatic eligibility with them. This automatic eligibility should work in much the same way as child nutrition program automatic eligibility for AFDC and Food Stamp Program participants.

(4) Administrative Improvements

Proposal: Set an enhanced reimbursement rate for administrative moneys paid to sponsors serving rural and low-income-inner-city area providers which provides for a \$10 differential above the current reimbursement schedule.

CACFP sponsors have considerable monitoring obligations: a minimum of three home visits per year, with additional visits if any problems arise. Monitoring visits are vital to the strength of the Program but they are costly for sponsors of rural providers. In addition, the safety conditions in many low-income inner city areas make monitoring a two-person job. The eligible areas are defined in 7 CFR part 225.2: "Areas in which poor economic conditions exist" and "Rural."

There are a number of administrative issues such as appropriate timeframes for filing of claim reimbursements and adequacy of current regulations on "carry-over" funds for sponsors which we believe the committee needs to address in this legislation.

D. Increasing Access to the National School Lunch Program

Proposal: Eliminate the reduced price meal category and replace it with a free meal for elementary school children participating in the School Lunch and Breakfast program.

This provision will help "working poor" families who currently must pay 40-cents-per-day-per-child for reduced-price lunches and 30-cents-per-day-per-child for reduced-price breakfasts.

These proposals above represent the major cost provisions which we recommend for inclusion in the 1994 Child Nutrition Reauthorization Bill. We will be submitting further recommendations on the WIC program, and additional no-cost provisions in all other child nutrition programs.

III. Nutrition Policy Proposals

In 1977, the U.S. Senate Select Committee on Nutrition and Human Needs first recommended dietary goals for the Nation. These dietary goals, which recommended that all Americans reduce their consumption of fat, salt and sugar were championed by Senators McGovern and Dole. FRAC supported the formulation and implementation of these goals, when they were issued by the committee because of our concern for the nutrition and health status of low-income children.

In 1988, FRAC endorsed legislation to revise the specifications for Federal commodities distributed to schools to make them consistent with the Dietary Guidelines

for Americans. (The Dietary Guidelines were designed as a concrete step in implementing the Dietary Goals.) We specifically fought for the inclusion of this provision in Public Law 1237, the Commodity Distribution Reform Act of 1988. When this provision was stricken from the bill by the House Agriculture Committee, we worked with Representatives Ford and Goodling to get it back into the legislation because we wanted schools to have access to nutritious commodities. We also endorsed legislation designed to provide nutrition guidance for child nutrition programs (Public Law 101-147) in 1989.

The 1994 Child Nutrition Reauthorization Bill offers opportunities to make even more progress in these areas. We would recommend in this bill that Congress, and the U.S. Department of Agriculture:

(1) develop, fully fund and implement a plan for reducing the dietary fat content of meals to an average of 30 percent of calories, and average saturated fat content of 10 percent of calories, in school nutrition meals without jeopardizing the continued participation in these programs by schools and students. This plan should be implemented and fully evaluated prior to any regulatory mandate that these meals meet an inflexible 30 percent standard;

(2) allow yogurt and tofu to be offered as an alternative to the current acceptable choices in the protein/entree category: cheese, meat, eggs, and peanut butter in the National School Lunch Program, the School Breakfast Program, and the Child and Adult Care Food Program;

(3) promote the availability and consumption of fruits, vegetables, and grain products in school meals; and

(4) allow schools to purchase whatever type of milk they believe will best meet the diverse nutrition and health needs of their students.

We believe that this combination of proposals will greatly assist local school authorities in improving the quality of school meals. We do, however, have concerns over instituting a strict, and inflexible, 30-percent rule on fat that does not address:

- the unique needs of some low-income children;
- the issue of what foods school age children will actually consume;
- the financial resources necessary for training of cooks, and for nutrition education and marketing approaches for reaching school officials, teachers, parents and children; and
- the need for tools for evaluating compliance with the guidelines which encourage progress and success, rather than policing and punitive action.

We believe that all children, but particularly low-income children, need and deserve access to the highest quality meals in school and child care settings. In many instances children are receiving healthful meals, but there is certainly room for improvement in many places. We have a particular concern about low-income children since USDA studies have shown these children receive anywhere from $\frac{1}{3}$ to $\frac{1}{2}$ of total daily nutrients from the National School Lunch Program. Pediatricians, who point out that young children need nutrients and calories, for growth and development, have expressed concern over a blanket requirement mandating that meals served in the National School Lunch Program not exceed 30 percent of calories from fat. These children's doctors strongly support enhancing the quality of school nutrition meals through the inclusion of more fruits, vegetables and grains and less fat, but are concerned about the potentially adverse effects of a blanket 30-percent rule on low-income children who may need extra calories from school lunch, since for many of these children lunch may be the greatest or sole source of food on any given day. We need to recognize that many low-income children have special needs, and plan for those needs.

In fact, a recent Abt Associations evaluation of schools applying a "30-percent rule" in their school lunch programs as part of a Project Learn project (reported at USDA's Nutrition Objectives hearing on December 7, 1993), reported that many schools, in carrying out the rule, ended up not providing sufficient calories to children, and actually increasing the percentage of fat calories served because of the decrease in total calories. The researcher who reported the study results at the hearing cautioned that great care must be taken in applying a 30-percent rule so

that, in attempting to reduce fat, we do not actually increase the percentage of fat calories, while reducing total calories below that they should be to meet children's needs.

We are concerned that press reaction to a recent USDA report on the quality of school meals may have inadvertently undermined the public's faith in the importance and value of child nutrition programs. We are also concerned that they may have left the impression that by simply requiring meals to meet a 30-percent rule on fat, children will suddenly realize the error of their ways and begin to consume low-fat meals. We believe that life in general and the steady improvement of providing nutritious lunches to students in particular is a bit more complex.

In order to achieve the important goal of providing children with more healthful meals, the education community, the nutrition and health community and the Federal Government all have vital roles to play.

We need the educational community to step forward and ensure that:

- school meals are seen as an integral part of the education program;
- children are allowed a sufficient amount of time to eat in pleasant and attractive surroundings; and
- school nutrition programs become learning laboratories where students learn firsthand about food and nutrition.

We need the nutrition and health community to step forward and give their advice on how to:

- lower fat in school meals without jeopardizing the growth and development of low-income children; and
- provide assistance in developing meals that both meet nutrition standards and appeal to children's tastes.

We need the support of the Federal Government to provide funding for:

- training of food service personnel on how to implement the Dietary Guidelines;
- nutrition education for teachers, parents, and students;
- marketing of improved school meals in the community; and
- funding for any increases in the costs of providing lower fat meals.

This committee should hold additional hearings on how to develop a plan which meets all of these diverse needs, and then incorporate this plan, including any necessary funding, into the 1994 Child Nutrition Reauthorization. Currently, the American School Food Service Association and FRAC are working with Public Voice For Food and Health Policy, the Center for Science in the Public Interest, the American Heart Association, and others on key elements of such a plan. (See Attachment E for National Nutrition Group Letter to Secretary Espy.⁶)

Until such a plan is implemented, we do not think that it is prudent to put in place a inflexible 30-percent fat rule. Besides the fact that many schools would have great difficulty in complying without the removal of the barriers cited earlier, we fear that the rule could be used as an argument to begin denying meal reimbursement to schools which did not meet this requirement. This kind of approach could force many schools dropping out of the National School Lunch Program.

We are not opposed to setting in law or regulation a requirement on 30-percent fat, provided that above stated needs and concerns are addressed beforehand. We know that the National School Lunch Program is a voluntary one and a program which some schools in recent years no longer offer. We are unaware of any government study that has investigated what happens to low-income children and their dietary intakes when the schools they attend no longer offer the Federal school lunch program. However, we suspect that their lunches are nutritionally inferior and that their overall dietary intake becomes less adequate.

Finally, we should recognize that the School Lunch Program, while needing to make more progress on the "fat issue," does currently meet a variety of children's nutritional needs. According to the National Evaluation of School Nutrition Meals (1983), students who participated in School Lunch had higher intakes of energy and more nutrients than students who did not participate in any of the school nutrition programs. This USDA study showed that: "School Lunch participants had superior intakes for vitamins A and B6, calcium and magnesium, nutrients known to

⁶See page 82.

be typically deficient in the diet of the school age population." Ten years later, in 1993, USDA released a new analysis once again showing that the School Lunch Program provides one-third or more of children's recommended dietary allowances.

Mr. Chairman, in summary, we need to provide access to Federal nutrition programs for all children in need of them. We should also ensure that these programs are of the highest nutritional quality.

Attachment A

February 7, 1994

Hunger in the United States

Extent of hunger:

- About five million American children under 12 go hungry each month and millions more are at risk of hunger according to estimates based on the results of the most comprehensive study ever done on childhood hunger in the United States — the Community Childhood Hunger Identification Project (CCHIP). Hunger was shown to be a major problem among low-income families with children less than 12 years old in all of the CCHIP sites. The CCHIP estimates probably underestimate the hunger problem because they are based on data collected before the economic downturn of the 1990s.
- The U.S. Conference of Mayors has documented an annual increase in the demand for emergency food in major cities across the nation since 1983. In 1993, requests for emergency food increased in the survey cities by an average of 13 percent. The number of families with children requesting assistance increased by 13 percent. Two out of three persons requesting emergency food assistance were members of families. Unemployment and employment-related problems led the list of causes of hunger.
- A national survey conducted by Catholic Charities USA, the nation's largest private human service organization, shows that the number of children coming to Catholic Charities agencies for food doubled from 1991 to 2.7 million in 1992. The greatest increase was among children coming to soup kitchens. In 1981, one in four Catholic Charities clients received emergency aid; in 1992, it was three out of every four.
- A survey by the Second Harvest National Food Bank Network found that during 1993, nearly 80 percent of food banks reported an increase in the number of meals and groceries provided to the hungry through the social service agencies served by the food banks. The greatest increase in participation has been by families with children.

Cause of Hunger:

Hunger is a condition of poverty. Living below the poverty line puts tremendous strain on a household to achieve a nutritionally-adequate diet. In 1992, 36.9 million Americans (14.5 percent of our population) lived in poverty. This figure represents the highest number of people in poverty since the mid-1960s. Children continued to be the poorest age group in the country. In 1992, one in five children was poor. For young children, and African-American and Hispanic children, the poverty rates were much higher.

Health Consequences of Hunger:

- Hungry children suffer from two to three times as many individual health problems, such as unwanted weight loss, fatigue, headaches, irritability, inability to concentrate and frequent colds, as low-income children whose families do not experience food shortages, according to CCHIP.
- The infant mortality rate is closely linked to inadequate quantity or quality in the diet of the infant's mother. The United States ranks 21st among developed nations in preventing infant deaths, down from 16th in 1980. Black infants in the U.S. die at nearly twice the rate of white infants.
- Stunting and wasting in children result from inadequate nutrition. According to the U.S. Public Health Service, the Surgeon General's 1990 goal of eliminating growth retardation of infants and children caused by inadequate diets was not met because significant numbers of low-income children continue to suffer retarded growth.
- Iron-deficiency anemia in children can lead to adverse health effects such as developmental and behavioral disturbances and increased susceptibility to lead poisoning. Anemia remains a significant health problem among low-income children, according to the Centers for Disease Control.
- Hunger has a negative impact on children's ability to learn. Research indicates that low-income children who participate in the School Breakfast Program show an improvement in standardized test scores and a decrease in tardiness and absenteeism compared to low-income students who do not eat breakfast at school.
- Hunger and malnutrition exacerbate chronic and acute diseases and speed the onset of degenerative diseases among the elderly. This not only leads to an unnecessary decrease in the quality of life for many older people, but also increases the cost of health care in the United States. National data for people ages 65 to 75 show that a majority are not consuming even two-thirds of the nutrients they need to stay healthy.

F·R·A·C

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Monday, February 7, 1994

Clinton Budget Sends Mixed Messages to Hungry Americans

The budget proposal for nutrition programs submitted today by the Clinton Administration does not measure up to the needs of hungry people across the U.S., according to an analysis prepared by the Food Research and Action Center (FRAC).

The highlight of the Administration's nutrition budget is its strong investment in the Special Supplemental Food Program for Women, Infants and Children (WIC), which provides food vouchers and access to health care to pregnant and postpartum women and children up to age five. This increase keeps the WIC budget on track for full-funding by the end of fiscal year 1996, a goal strongly supported by anti-hunger advocates.

"This exciting news for WIC will go a long way toward assuring healthy pregnancies, healthy babies and healthy growth for young children," said Robert J. Fersh, FRAC's Executive Director. "Unfortunately, our enthusiasm is tempered by the budget proposals for nutrition programs serving millions of other Americans struggling with few resources to achieve adequate diets."

"Evidence of a widespread and growing hunger crisis is being seen by such credible sources as Catholic Charities, USA, the U.S. Conference of Mayors, and the Second Harvest National Food Bank Network," said Fersh. "It is unfortunate that the President's budget includes severe cuts in some areas and fails to make modest investments in other programs feeding hungry Americans."

"Beyond the expansion of WIC, the emphasis of the Clinton budget is on nutrition education," said Fersh. "We support nutrition education, but if very limited dollars are available, our first priority should be access to food for children and adults who cannot get enough to eat."

The Clinton budget would cut by \$80 million funding for the Emergency Food Assistance Program (TEFAP) to purchase food for soup kitchens and food banks. The Clinton budget also fails to include modest reforms to feed children in schools, child care settings, and in the summer months as proposed by bipartisan leaders in the House and Senate and backed by anti-hunger advocates from across the country.

-more-

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FRAC Budget Response
2-of-2

The cut in TEFAP funding would be a serious blow to hungry people across the country, according to FRAC. For many elderly TEFAP recipients, and those living in remote, rural areas, TEFAP has become their primary federal food assistance program. TEFAP serves as a safety net for households ineligible for food stamps and those with food stamp benefits too low to last through the month. TEFAP commodities are also a stabilizing factor for many emergency feeding centers faced with unpredictable food donations of varying nutritional quality.

In the area of child nutrition, a \$5 million per year, Bush-era initiative to help schools and families provide breakfast to children has been eliminated. In the first four years of the breakfast start-up effort, 1.2 million low-income children were brought into the School Breakfast Program, an increase of 37 percent. Despite this expansion, the program reaches only a third of the low-income children most likely to benefit from it.

So successful has the breakfast start-up effort been, that advocates and Congressional leaders now favor a similar effort for the Summer Food Service Program for Children, which provides meals to low-income children when school is out and school lunch and breakfast are not available. Not only is there no money for summer food program start-up, the Clinton budget includes no money for summer food program improvements, despite the fact that this program reaches only 16 percent of its target population.

No funding is envisioned to reauthorize a program providing meals to homeless preschool children. And, two programs specifically targeting older Americans, the Commodity Supplemental Food Program and the Nutrition Program for the Elderly are slated for budget cuts.

"We will work very closely with Congress as they make the final decisions for next year's budget," said Fersh.

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The Food Research and Action Center (FRAC) is widely regarded as the leading national organization working toward more effective public policies to end hunger in the U.S. FRAC, a 501(c)(3) nonprofit organization, was founded in 1970.

CHILD NUTRITION FORUM

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Sewery Stripling
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December 17, 1993

The Honorable Leon Panetta, Director
Office of Management and Budget
Old Executive Office Building S. 252
Washington, DC 20503

Dear Director Panetta:

For over a decade, we have appreciated your strong support and leadership in furthering efforts to enhance the nutrition and health status of the nation's children during your tenure as a member of the U.S. House of Representatives and Chairman of its Budget Committee.

We seek your leadership and assistance again. We do so because all children, but particularly low-income children, need access to nutritionally sound meals at school, in child care settings and during the summer. We know you share our view that hunger has a negative impact on children's ability to learn. We therefore strongly recommend including at least \$300 million in new funding for proposals set forth in the 1994 child nutrition bills introduced by Senators Leahy and Jeffords and Representatives Kildee, Goodling, Sawyer and Woolsey (S.1614, H.R.3580, H.R.3581 and H.R.3582).

We are aware of and appreciate the difficult choices the Administration faces under the "pay-as-you-go" budget procedures. We regard our school nutrition and related child nutrition programs as preventive health programs designed to safeguard the nutrition and health status of the nation's children. In that light, may we suggest that you include financing for the requested \$300 million in new funding as part of the President's FY1995 Budget. This legislation is likely to be the only child nutrition reauthorization bill enacted during President Clinton's current term.

We hope you find a way to provide funding for these important improvements and expansions in child nutrition programs.

Sincerely,

American Association of School Administrators
 American Cancer Society
 American Commodity Distribution Association
 American Dietetic Association
 American Federation of State, County and Municipal Employees
 American Federation of Teachers
 American Heart Association
 American Medical Student Association
 American Public Health Association
 American School Food Service Association
 Americans for Democratic Action
 Americans for Indian Opportunity
 Bread for the World
 Catholic Charities USA
 Center for Science in the Public Interest
 Center on Hunger, Poverty and Nutrition Policy, Tufts University, School of Nutrition
 Children's Defense Fund
 Church of the Brethren, Washington Office
 Congressional Hunger Center
 Consumer Federation of America
 Consumers Union
 Council of Chief State School Officers
 Council of Great City Schools
 Evangelical Lutheran Church in America, Lutheran Office for Governmental Affairs
 Food Policy Working Group, Interfaith Impact for Justice and Peace
 Food Research and Action Center
 Interfaith Impact for Justice and Peace
 International Reading Association
 Jewish Labor Committee
 National Association of Elementary School Principals
 National Association of Homes for Children
 National Association of Secondary School Principals
 National Association of State Universities and Land-Grant Colleges
 National Association of WIC Directors
 National Black Child Development Institute
 National Black Nurse's Association, Inc.
 National Community Action Foundation
 National Congress of American Indians
 National Consumers League
 National Council for the Social Studies
 National Council of Churches
 National Council of Farmer Cooperatives
 National Education Association
 National Farmers Union
 National Milk Producers Federation

National Office of Jesuit Social Ministries
 National Parent-Teacher Association
 National Perinatal Association
 National Puerto Rican Coalition
 National School Boards Association
 National Student Campaign Against Hunger and Homelessness
 National Urban League
 NETWORK: National Catholic Social Justice Lobby
 Presbyterian Church (USA), Washington Office
 Project Vote
 Public Voice for Food and Health Policy
 RESULTS
 Save the Children, Child Care Support Center
 Second Harvest
 Society for Nutrition Education
 The Children's Foundation
 The End Hunger Network
 The U.S. Conference of Mayors
 United Church of Christ Hunger Action
 United Food and Commercial Workers
 Unitarian Universalist Association
 Unitarian Universalist Service Committee
 World Hunger Year
 YWCA of the USA

Congress of the United States
Washington, DC 20515

December 9, 1993

Honorable Leon Panetta, Director
Office of Management and Budget
Old Executive Office Building
Washington, D.C. 20503

Dear Mr. Director:

We are writing concerning the President's 1995 budget proposal for the child nutrition programs under the jurisdiction of the House Committee on Education and Labor and the Senate Committee on Agriculture, Nutrition and Forestry.

While the Office of Management and Budget is in the process of developing the President's fiscal year 1995 budget, we want to make you aware of our plans for the reauthorization of the child nutrition programs.

Several reauthorization bills have been introduced in the Congress. The Senate vehicle for reauthorization is S. 1614, introduced by Senator Leahy with Senators Markin, Daschle, Rockefeller, Jeffords and Durenberger. In the House several reauthorization bills have been introduced including H.R. 8, the basic reauthorization vehicle, and H.R. 3580 introduced by Mr. Kildes and Mr. Goodling. Reauthorization bills targeted at specific programs such as the School Breakfast and Child and Adult Food programs have also been introduced by Mr. Sawyer and Ms. Woolsey respectively. Many similar provisions are in both the House and Senate bills.

The House Subcommittee on Elementary, Secondary and Vocational Education has held three hearings on the reauthorization and will resume hearings early in the second session. A full schedule of hearings is also planned in the Senate. The information presented in the hearings will be used to develop a comprehensive substitute for the House and Senate vehicles, incorporating some of the provisions of bills that have already been introduced and new initiatives.

We expect that the final reauthorization bill will contain increased authorizations of appropriations to allow for program expansion. It will also contain new initiatives to respond to the latest developments in nutritional science and efforts to simplify program administration. Other issues that will be closely examined include: approaches to streamlining administration by developing a seamless delivery system for school-based programs; how to improve the nutritional content of school meals; the possibility of developing a universal meals demonstration program; how to expand the Summer Food, School Breakfast and Child and Adult Care Food Programs; and proposals to strengthen and expand the Nutrition Education and Training program.

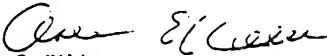
Mr. Director
 December 9, 1993
 Page 2


The eyes of the country are turned toward health care reform and the need to strengthen the country's economy by securing our place in an increasingly competitive business world. These are crucial goals, but in our haste to reach them, we cannot forget that the cornerstone of good health and the prevention of disease is good nutrition. We also cannot forget that in order to be competitive in industry, our workforce has to be well-educated -- and the fact is that hungry children cannot learn.


Providing the funds necessary to meet the nutritional needs of our youngest charges is the first step in ensuring that they are healthy, active-minded and contributing citizens. Your actions as chairman of the House Budget Committee always displayed a sensitivity to this.

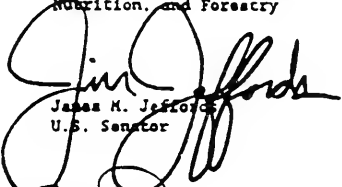
We look forward to working with you in the months ahead to establish the child nutrition programs as a funding priority. Please do not hesitate to contact us if you have any questions regarding the child nutrition reauthorization.


Sincerely,


 Dale E. Kildee
 Chairman
 Subcommittee on Elementary,
 Secondary and Vocational Education


 Patrick J. Leahy
 Chairman
 Committee on Agriculture,
 Nutrition, and Forestry


 William F. Goodling
 Ranking Republican
 Committee on Education and Labor


 James M. Jeffords
 U.S. Senator


 William D. Ford
 Chairman
 Committee on Education and Labor

December 7, 1993

The Honorable Mike Espy
Department of Agriculture
12th and 14th Streets, SW
Washington, DC 20250

Assistant Secretary Ellen Haas
Department of Agriculture
12th and 14th Streets, SW
Washington, DC 20250

Dear Secretary Espy and Assistant Secretary Haas:

Our groups represent millions of Americans who care about the future of our children. We are writing to urge you to identify and eliminate the barriers preventing school meal programs from meeting the federal dietary recommendations issued by the departments of Agriculture and Health and Human Services, as well as the National Academy of Sciences. We believe, for example, that children over the age of two should consume a diet of no more than 30 percent of calories from fat and 10 percent of calories from saturated fat, and that school lunch and breakfast programs provide an ideal setting to advance that goal.

The National School Lunch Program serves almost 25 million children everyday. With this extensive reach, the program provides the perfect opportunity to influence our children's eating habits and nutritional well-being. Although this program functions as a critical deterrent to hunger for many children, USDA's own report, "The School Nutrition Dietary Assessment Study," shows that the nutritional quality of these meals can and must improve.

The time to move from studies to action is long overdue. We urge USDA to issue regulations as soon as possible requiring that schools meet federal dietary recommendations by the 1995-96 school year. At the heart of the regulations must be a comprehensive program with sufficient resources to ensure successful compliance. This comprehensive program (described below) must be implemented before the end of 1994 in order to enable schools to comply with requirements during the 1995-96 school year.

To ensure that all schools can successfully comply, the program must provide practical solutions to the real problems faced by schools, food service personnel, parents, and children. The Department must develop and implement a plan that includes: 1) marketing changes to children, parents, and school officials; 2) providing training and technical assistance to school food service personnel; 3) ensuring that comprehensive nutrition

education is incorporated into the school curriculum and is linked to what is served in the cafeteria; 4) additional funding that is required to implement the changes in the school meals programs; and 5) implementing meaningful and realistic tools for monitoring and evaluating compliance and progress.

In developing a plan, we also urge the Department to include a timetable for increasing access to meals through the expansion of the child nutrition programs. Currently, millions of low-income children do not have the opportunity to eat breakfast and lunch at school or nutritious meals during the summer months. Because many of these children are at nutritional risk, these meals should be both available to them and of the highest nutritional quality.

By the end of the hearing process, the Department will have a great deal of information and advice to guide it in bringing school meals into compliance with federal dietary recommendations and increasing access to these programs. We encourage the Department to act promptly in developing the plan, specifying timetables, and providing the resources necessary to accomplish these goals.

We look forward to working with you and your staff in the development and implementation of a plan that will bring about these essential changes in the National School Lunch Program.

Very truly yours,

Nancy Hailpern
American Cancer Society

Sara C. Parks, M.B.A., R.D.
American Dietetic Association

Scott Ballin, Esq.
American Heart Association

Dorothy Caldwell, M.S., R.D.
American School Food Service Association

Michael Jacobson, Ph.D.
Center for Science in the Public Interest

Darold Johnson, M.P.A.
Children's Defense Fund

Lynn Parker, M.S.
Food Research and Action Center

Debra DeLee
National Education Association

Catherine A. Belter
National PTA

Allen Rosenfeld, Ph.D.
Public Voice for Food and Health Policy

Guendoline Brown, Ph.D.
Society for Nutrition Education

SENATOR McCONNELL'S QUESTIONS SUBMITTED TO EDWARD M. COONEY
AND RESPONSES THERETO**Edward M. Cooney**

Reference: I was pleased to see that you discussed the demonstration project in Kentucky and Iowa, under the Child and Adult Care Food Program, in your testimony. In Kentucky, this project has seen phenomenal success—over 200 centers have joined the Program, feeding around 47,000 children.

Question 1. From your experience with anti-hunger people from around the country, do you think there is a need to expand this demo nationwide?

Response. Yes.

Question 2. Are other States in the same predicament that Kentucky was in 5 years ago?

Response. Absolutely. There are hundreds of thousands low-income children across the United States in forprofit child care centers who can not, under current, law receive the nutritional benefits for Child and Adult Care and Food Program. The Kentucky demo should be nationwide, as recommended by Representative Lynx Waits in H.R. 3582, and as championed by Senator McConnell.



S. 1614 — BETTER NUTRITION AND HEALTH FOR CHILDREN ACT OF 1993

MONDAY, MAY 16, 1994

U.S. SENATE,
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, DC.

The committee met, pursuant to notice, at 2:11 p.m., in room SD-608, Dirksen Senate Office Building, Hon. Patrick J. Leahy, Chairman of the committee, presiding.

Present or submitting a statement: Senators Leahy, Heflin, Lugar, Craig, and Grassley.

STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR FROM VERMONT

The CHAIRMAN. Good afternoon. The committee will come to order.

I apologize for the change in the room.

I am glad you were able to join us for this hearing. In a way, I find it hard to believe I even have to hold this hearing. After 20 years on the Agriculture, Nutrition, and Forestry Committee, and with the hundreds of hearings I have had on various nutrition matters, it is amazing to think we would have to be holding this one.

I must say, also, that it is a shame that Coca-Cola refused to testify today. I say it is a shame, because they are the main reason for this hearing, since they were the ones who started the major misinformation campaign about my bill, the Better Nutrition and Health for Children Act. I think if they were willing to launch a behind-the-scenes, sort of stealth information campaign, they should have been willing to stand up in the light of day and testify.

What they did is not illegal. They do have a First Amendment right of free speech, as everybody else does, but I have a hard time imagining what motivated Coca-Cola. It certainly does not appear that their motivation was to help American children.

It seems that Coca-Cola would rather work behind the scenes, in what I find a not very admirable way, to try to kill this bill that is here to help children, rather than to confront me in public, face to face, in a Senate hearing. That is their right. Nothing requires them to be here. They basically have a right to remain silent on this issue if they want, but I am sorry they did not feel otherwise.

The goal of the Better Nutrition and Health for Children Act is precisely what it says it is: "To improve the nutrition and health

of children." You don't have to be a scientist to know that the eating habits you learn in childhood translate into a longer and healthier life.

The specific provision at issue in this hearing clarifies the authority of local school officials to regulate the sale of soft drinks and other foods of minimal nutritional value. The bill gives the authority to the local level, not the Federal level, to allow local school boards to make these decisions, something that I know we in Vermont appreciate. We appreciate the fact that we can, at the local level, determine what is best.

Let me make one point very clear. I have a Vermonter's attitude about this. I support local choice over that of Federal or anything else. My bill leaves the decision of when and whether to sell soft drinks up to school food service authorities and State education departments. That is where the decision should lie.

The controversy before us began when Coca-Cola mischaracterized my bill in letters they sent to school authorities around the country. In so doing, Coca-Cola resorted to scare tactics rather than honest debate. I am surprised, because this is a corporation that has been responsible in so many other areas.

The letter sent by Coca-Cola made numerous false allegations, including that soft drinks are "USDA-approved competitive foods." That is just not true. In fact, USDA rules prohibit the sale of sodas as part of the School Lunch Program.

As I said, the issue here is local choice. A lot of times, schools do not always realize that they have the authority to ban junk food—and junk food manufacturers are aggressively selling their products to schools.

I want to balance the equation in schools by making sure that every school knows its rights. They have a right to ban it if they want. If they want to sell it, they can do that, too.

The soda manufacturers may argue that schools raise money through the sale of junk food. That is fine; that is their choice. Schools have the right to make the choice of raising money by selling junk food if they want, but if they want to ban junk food, they can ban junk food. I just want to make sure that point is clear.

[Laughter.]

My bill does not change current law regarding the sale of junk foods, it simply restates existing regulations. This is a common-sense issue. If children drink soda before lunch, they will be less hungry for the school meal. If children spend lunch money on soda, then they may not be able to purchase lunch.

The provision I have in my bill is supported by the National PTA, the National Education Association, the Association of Elementary School Principals, the Council of Chief State School Officers, and the American Association of School Administrators—these are some of the most important pro-child and pro-education groups in the country.

These groups represent local teachers, administrators, parents, and principals who want the right to ban these products. The American Association of School Administrators wrote to thank me for including this language in my bill. They wrote, "We agree with

you that some steps . . . must be taken to steer youngsters toward healthy foods."

I really don't understand, why opponents of my bill are so afraid. If they check their facts, they would understand the language of my bill simply clarifies the current regulation.

This provision guarantees that in the interest of child nutrition, schools and States, not the Federal Government, are entrusted with the authority to choose to ban the sale of soft drinks and junk food from vending machines during school hours. The soft drink industry makes \$47 billion annually. Their fancy commercials and big-time advertising rake in profits.

But our job in Congress is to protect all Americans, especially children. Children don't vote. Children don't hand out large sums of PAC money. Children don't hire expensive lobbyists, but I think the welfare of children ought to be put ahead of corporate profits. That is what I have always done and I always will. A healthy child learns better. A hungry child doesn't learn. A well-fed child, with proper nutrition, tends to be a healthier child. Every one of us who have raised children, as I have, know that to be a fact. It may not make corporate profits for the soft drink industry, but it might make healthier children.

Senator Craig?

STATEMENT OF HON. LARRY E. CRAIG, A U.S. SENATOR FROM IDAHO

Senator CRAIG. Mr. Chairman, thank you very much.

I am primarily here to listen today as we clarify some issues I think are extremely important. Obviously, this legislation is important legislation, and whoever propounds information about it needs to be straightforward and clearly the informative needs to be tested. When I say that, I mean both sides of this issue.

I do appreciate, Mr. Chairman, your cooperation as this legislation works its way through the process and the clarification. You have been very open with us. I have asked for and will receive hearings that bring together teams of nutritionists and people from across the country to look at the legislation and to look at what we are doing in a very objective way.

With that, I think we ought to move to those who are here to testify today. I do appreciate your cooperation in working out the fine points in this legislation.

The CHAIRMAN. Thank you.

I should note that this will be the first of a series of hearings. Senator CRAIG. Yes.

The CHAIRMAN. I have told all of those who have written letters and made calls opposing the Better Nutrition and Health for Children Act that they are welcome to come and testify. They are welcome to have as long to testify as they wish.

The CHAIRMAN. We have before us Chip Baldwin, who is the principal of Hartland Elementary School in Hartland, Vermont; Ms. Carol M. Meiki, and I hope I pronounced that correctly.

Ms. MEIKI. Meiki is fine, just like the mouse, Mickey.

The CHAIRMAN. I am sorry, Ms. Carol M. Meiki from the High School Food Service of the Chicago Public Schools in Chicago, Illinois; Ms. Marilyn Hurt from La Crosse, Wisconsin, who will be

representing the American School Food Service Association; and Ms. Jodi Boyce, who is a high school junior from Iowa. She is representing Kids Against Junk Foods for the Center for Science in the Public Interest.

[The prepared statement of Senator Grassley follows:]

STATEMENT OF SENATOR CHARLES E. GRASSLEY

Mr. Chairman, I am pleased to be present today as we consider S. 1614. This act has several provisions that historically have been very important to our country. It also has provisions that have been particularly important to my State of Iowa.

The WIC Program has received overwhelming support over the years from Republicans and Democrats alike. It has proven successful in providing preventative care for women, infants and children by providing good basic nutrition. I, like many of my Colleagues, have consistently supported greater funding for the Program as a means of reducing other costs down the road.

I am pleased to see an increase in funding for the WIC breast feeding program. Medical research shows that children who are breastfed are less likely to encounter certain physical challenges than children who are formula fed. The Iowa WIC program has consistently encouraged WIC recipients to breastfeed their children for both physical and emotional health reasons.

The Farmers' Market WIC Program has been one of the projects I have had special interest in for several years. The Program provides fruits and vegetables for *nutritionally-at-risk* women and children. In Iowa alone, it serves countless thousands who would not have received fruits and vegetables otherwise. Additionally, it helps farmers who need to diversify their market and encourages use of farmers' markets generally.

I am pleased that the committee has increased funding for the Program and provided for administrative flexibility under special circumstances, such as those seen in the devastating floods in the Midwest last summer.

One suggestion I would have would be that we allow a certain percentage of Iowa rebate dollars to be used, at State discretion, to support the Farmers' Market WIC Program so that the Program can be more aggressive statewide.

Of course, the School Breakfast and Lunch Programs are an important part of any child nutrition reauthorization. The bill before us provides appropriate attention to the millions of children served through these programs. It also provides further guidance on the importance of making the choices provided to children healthful and nutritious, lower in fat and sugar.

Many people take basic nutrition for granted because it is a presumed part of their lives. Unfortunately, for many children, this is not the case. It is crucial that the Programs supported and funded by this Congress not take these things for granted.

I support child nutrition programs, as do all of my Colleagues.

My chief concern with the proposal before us is that it will be very costly. While the President talks about his concern with the welfare of children, I don't see any provision in his budget to cover the expansions suggested in this bill. I will be interested to see how the administration addresses this apparent discrepancy.

The CHAIRMAN. We will start, Mr. Baldwin, with you, please.

STATEMENT OF MAYNARD "CHIP" BALDWIN, PRINCIPAL, HARTLAND ELEMENTARY SCHOOL, HARTLAND, VERMONT

Mr. BALDWIN. Thank you, Senator, it is my pleasure to be sitting here in front of you all today to offer testimony as to my support for S. 1614, as currently written.

Rather than read from the prepared testimony, which everyone has in front of them, I would like to take a moment to ad lib and shorten some of my remarks and be able to answer questions.

The CHAIRMAN. Your full statement, of course, will be included in the record.

Mr. BALDWIN. The full statement is attached, along with the position on reauthorization of the nutrition program as part of the National PTA, and in addition, Vermont PTA's position on S. 1614.

I wear many hats. As the principal of the Hartland Elementary School in Hartland, Vermont, I have the care and responsibility of 463 children on a daily basis in my K to 8 school. As the father of 5 children, ages 5 through 14, I also have the care and responsibility for raising them.

In addition to my principal responsibilities, I am the president of the Vermont PTA. In addition to that goes with it being a member of the National PTA Board of Directors, and a fine organization at that, an organization that is almost 100 years old, and in those 100 years has looked solely at issues of health, safety, education, and welfare as they affect our Nation's children. I am proud to be a part of those organizations.

I am also proud to be from Vermont, and I know exactly what you mean when you talk about local control. That is what the bottom line of these issues is all about, is local school districts being able to say whether they will or will not support vending machines, candy bar sales, and other types of fund raising activities that have no place with the nutrition education that should be going on in our schools in terms of a comprehensive health education policy.

In addition to some of the other organizations you named, I, too, am a member of the National Association of Elementary School Principals, also a member of the American Association of School Administrators. I am pleased, too, that those organizations of which I am a part have come on board in strong support for your work.

Vermonters recognize your commitment to childhood issues. The tie I am wearing today is called "Childhood is the Heart of Play." It is a tie by the Save the Children Foundation. I appreciate the tie that you have on, also. However, I think that beyond childhood being at the heart of play, also nutrition. Nutrition strikes at the heart of play.

The PTA, through its advocacy work and in terms of its support, originated almost 100 years ago trying to start and look at the issues of childhood nutrition. The PTA was responsible for bringing hot lunch programs into the United States schools.

The work of Vermont, in particular, was heightened on such short notice when a call was made for support of S. 1614. Our annual conference in Rutland, Vermont, on the weekend of April 29 and 30 produced, in addition to our attendees, a conversation around the bill as it was pending.

We were surprised, to say the least, that anyone could stand up and try to fight a provision that might possibly allow local control to say what is and is not going to happen within their schools.

I don't believe that we can sit still and idly stay by as these types of interests second guess what our purpose is, and nutrition has a place in our schools. Our education programs reflect that, and I think that our practices both inside and outside the school cafeterias need to reflect that also.

It is a pleasure to be here this afternoon with you. Thank you.

The CHAIRMAN. Thank you. I appreciate the support, obviously, from back home.

Ms. Meiki, before we go to you, I wanted to yield to Senator Lugar, who is the Ranking Member of this committee.

**STATEMENT OF HON. RICHARD G. LUGAR, A U.S. SENATOR
FROM INDIANA**

Senator LUGAR. Thank you very much, Mr. Chairman.

I want to thank the witnesses, as you have, who are here today to present testimony for our second hearing on reauthorization of the child nutrition programs. I welcome their testimony on ways we can improve these important programs, even under the very tight budget constraints of the current Congress.

The principal focus of today's hearing is the regulation of foods sold in competition with school meals, an issue that has been with us almost as long as the National School Lunch Program itself.

I want to express my appreciation to Chairman Leahy for ensuring that Members of the committee have an opportunity to hear from a range of interested parties on this issue.

Having served as a school board member and a mayor of a city, I am familiar with the arguments for protecting local control over decisions to broaden restrictions on competitive food sales. Indeed, it is the local control issue that is the heart of my legislation to allow school food service professionals, rather than the Federal Government, to decide what varieties of milk to offer with the school lunch. At the same time, I have visited with the school food service officials on this issue over the years, and I know their concerns about students' eating habits and participation in the Program.

I am pleased we will be concluding this hearing with testimony from experts on nutrition and nutrition education. We need to make sure we give children positive messages about good nutrition and how it fits into an active, healthy lifestyle.

I welcome these witnesses' suggestions on how we can incorporate this goal into our child nutrition programs, and again, my thanks to the witnesses for their testimony.

The CHAIRMAN. Thank you very much.

Ms. Meiki, thank you for coming in here from Chicago today. The floor is yours.

**STATEMENT OF CAROL M. MEIKI, HIGH SCHOOL FOOD
SERVICE, CHICAGO PUBLIC SCHOOLS, CHICAGO, ILLINOIS**

Ms. MEIKI. Thank you very much, Senator Leahy.

Good afternoon, Senator, and Members of the Senate Agriculture, Nutrition, and Forestry Committee. My name is Carol Meiki and I am employed by the Chicago Public Schools Department of Food Services as a food service supervisor for the south-half of the city's public high schools.

In that capacity, I am responsible for the operation of 37 large high school cafeterias in the performance of meal service, breakfast and lunch, to an audience of 52,250 student adolescents.

I would like to personally thank you, Senator Leahy and Members of the committee, for your outstanding dedication and commitment to the child nutrition programs and for the opportunity to testify here today to this committee on an issue that is very dear to my heart.

As a legislative delegate for the Illinois School Food Service Association and member of the ASFSA, my invitation here to Washington, DC., was based upon a letter that I sent to the Senator on May

2 of this year regarding his stand against Coca-Cola and the carbonated beverage industry. I strongly support that stand, as a health care professional and in the interest of the adolescent population of our schools today.

For several years, Chicago Public Schools has upheld the motto "Our Children, Our Future." I believe this to be the cornerstone of why I have been invited here today. I believe the nutritional benefits we offer to our children today can and will make a difference in what you and I as taxpayers spend in future years for health care costs.

My professional recommendations to the Senator and to this committee are as follows.

One, legislate to ban the sale of carbonated beverages to students, high and elementary, on or in school building premises during the entire school day.

Two, the availability of these products anywhere in and around or on school grounds interferes with student consumption of nutritious school breakfast and lunches.

The statistics sheet that you have found in your packet labeled "At a Glance" includes some of the information with a cross reference of Chicago school statistics and budget information. Of 104,547 secondary students enrolled in the high school section alone, about 52,250 are available to be fed within my area of responsibility. It may amaze each of you to know that since these adolescents have the freedom of choice, only 2,222 of those students, on the average, eat breakfast daily in my section. Only 16,500, approximately, eat lunch daily.

When, in fact—and you will note a change in the written testimony—64 percent of the total numbers enrolled are actually eligible for free, reduced, or paid meals in the school, that part of the entire program tells me that the numbers I mentioned earlier, it makes you question, where are the students? Why are they not eating breakfast or lunch at school?

Approximately, in those figures, 40 to 50 percent are the number that participate in the high school section alone. Every day, my staff and I can tell you why this happens.

Number 1, children, adolescents in particular, prefer snack items. They like carbonated beverages, salty snacks and chip-type items, cakes, cookies, and sweet treats. If the choices are there, any one of my staff will tell you, as will I, that they will make these choices over a nutritious breakfast and/or lunch daily.

At most recent count, just last Friday, the 13th, I did a poll across the 37 schools. Managers discovered 166 vending machines in 37 sites. One hundred and thirty-six were carbonated beverage machines; 30 were other snacks or what USDA would label competitive foods.

But are we about the business of convenience and disregard for the health and nutritional well-being of our children, the future of our country, or should we be doing something to legislate changes that will help them make nutritious choices?

Schools should have an obligation, I believe, for the education, health, and welfare of the total child. Students who do not participate in the free, reduced, or paid school meal programs do not,

because in many, many instances they are already filled with carbonated beverages, sweets, salty snacks that they buy out in the halls, right out the door of the cafeteria, or bring into the building with them early in the morning. I see it and my staff sees it.

Finalizing, as I see the yellow light here, truly, policies should be legislated to return to the original intent of the law. When school feeding programs were established to improve the nutritional status of our men going to war to defend our great country, that was the original intent of the 1946 school lunch program.

In closing, I would like to leave you with a few statistics. A few years back, a food service manager, who has since retired, called my office on a Friday. The first week that a vending machine was installed with carbonated beverage sales, she lost \$700 in a mere 5 regular school days in moneys otherwise spent on nutritious meals and school-made snacks.

Carbonated beverage sales over the last 3 years have contributed heavily to the loss of some 100 jobs within my area of 37 school cafeterias. They have helped substantially to decrease student meal participation and shift students' use of allowance moneys to the vending machines.

Please know that as a dedicated group of food service employees working in one of the lowest-paid professions, my staff would not be employed today were it not for their dedication to the health and well-being of their children and Chicago's children.

Thank you for the time.

The CHAIRMAN. Thank you very much. Your letter, which you sent to me and each Member of the committee, will be made part of the record.⁷

The CHAIRMAN. Ms. Hurt, Thank you for making the trip from Wisconsin to be with us today. You represent the American School Food Service Association, which over the year has testified before this committee many times.

Ms. HURT. Yes, we have.

The CHAIRMAN. It is nice to have you here.

STATEMENT OF MARILYN HURT, AMERICAN SCHOOL FOOD SERVICE ASSOCIATION, LA CROSSE, WISCONSIN

Ms. HURT. Thank you, Mr. Chairman.

Mr. Chairman and Members of the committee, I am Marilyn Hurt, the legislative chair of the 65,000 member American School Food Service Association. I am also the supervisor of the school nutrition programs for La Crosse, Wisconsin, Public Schools.

Mr. Chairman, the American School Food Service Association testified before this committee on March 1, commenting on a broad range of issues. Since that time, the 1995 Congressional budget resolution has brought the pending issues into sharper focus. The House Education and Labor Committee will mark up child nutrition legislation this Wednesday, May 18. It is my understanding that this committee will mark up child nutrition legislation on June 8.

⁷Retained in Committee files.

Our legislative priorities for the 1994 Child Nutrition Reauthorization Act, given the constraints of the budget resolution, are as follows.

We would like to amend section 11(a) of the National School Lunch Act to allow all schools the option of serving lunch and breakfast to students without charge, provided they could do so without any additional Federal funding. Many schools throughout the country with a high percentage of free and reduced price meals believe that they could serve 100 percent of the students if they did not have to incur the administrative expenses associated with the current application and personal income documentation procedures.

Reinventing school meal pilot demonstrations are a high priority for our Association. H.R. 11, the Universal Student Nutrition Act, has over 40 cosponsors in the House and has been endorsed by over 30 organizations. We believe that a significant demonstration project is justified. We would appreciate this committee authorizing such a product. We recognize that the funding for such a project would then depend upon money being appropriated by the Appropriations Committees.

We strongly support the negotiated rulemaking requirement included in H.R. 8, as reported by the House Subcommittee on Elementary, Secondary, and Vocational Education. The *soon-to-be-unveiled* school nutrition dietary guideline regulations are extremely important and quite complicated. Vice President Gore's report of the National Performance Review has spoken favorably about the Negotiated Rulemaking Act of 1990. We believe the provisions of the Act should be used in the context of the school nutrition dietary guidelines.

We continue to strongly support Senator Lugar's legislation, S. 88, which would delete the requirement that schools sell specific types of milk. I am from Wisconsin, and I am also a member of the Board of Directors of the Wisconsin Dairy Council. You won't find a stronger supporter of milk products as served to children. However, I still support your bill, S. 88.

In our district, we looked at how much whole milk we buy and sell, and it is only 2 percent of all of the milk that we sell, so we would like to see that requirement deleted.

The CHAIRMAN. Ms. Hurt?

Ms. HURT. Yes?

The CHAIRMAN. I don't know if you realize it, but Senator Lugar's legislation is included in my bill.

Ms. HURT. Yes, I appreciate that.

The CHAIRMAN. It has both our support.

Ms. HURT. We are glad that it is in there.

The CHAIRMAN. I, too, am from a dairy State.

Ms. HURT. I am glad to know that.

[Laughter.]

The CHAIRMAN. I just thought I would pass it on, for what it is worth. I want you to praise him, but don't give it all to him.

[Laughter.]

Ms. HURT. Thank you, Senator Leahy, also, for your support.

We support funding for the school breakfast program startup and expansion, consistent with the funds provided in the budget resolution. We would like to see more breakfast programs started in Wisconsin.

We support reauthorization of the Nutrition Education and Training Program, consistent with the budget resolution.

We also support reauthorization of the National Food Service Management Institute. We understand that the Institute has forwarded a letter justifying their budget. We find that the Institute has been highly effective in its early years, and as we continue to implement dietary guidelines, we believe that their assistance to our program will be invaluable.

Last, Mr. Chairman, but certainly not least, we strongly support section 208 of your legislation, S. 1614, with regard to competitive foods. Indeed, if we had our first choice, we would like to see the provision go further. We recommend legislation that requires the Secretary to establish USDA regulations governing the sale of foods of minimal nutritional value everywhere on school grounds, from the beginning of the school day until the end of the last lunch period.

I brought along our nutrition integrity principles, which we are distributing to our members and to school. In this, we have one of our core concepts, which says that food sold in addition to meals will be thoughtfully selected to ensure optimal nutrition quality and foster healthful eating habits.

Thank you.

The CHAIRMAN. Thank you very much.

Jodi Boyce is here from Iowa. She is a high school junior. Ms. Boyce, we are glad to have you here. Twenty-five million school lunches are served each day. Periodically, I stop at schools and eat the lunch, some of them are very good, others are not. However, I thought it would be appropriate to have somebody here who eats those lunches everyday.

**STATEMENT OF JODI BOYCE, SENIOR HIGH SCHOOL JUNIOR,
LA PORTE CITY, IOWA, MEMBER OF "KIDS AGAINST JUNK
FOOD," CENTER FOR SCIENCE IN THE PUBLIC INTEREST,
WASHINGTON, DC.**

Ms. BOYCE. Thank you.

Mr. Chairman, my name is Jodi Boyce. I am 16 years old and a junior at Union High School in La Porte City, Iowa. I am here representing Kids Against Junk Food, a children's nutrition advocacy organization based in Washington, DC. Thank you for inviting me to testify before the Senate Agriculture Committee.

There are many reasons why I am here to talk about this bill. One of the greatest reasons is concern about the health of members of my generation. I watch my friends and strangers fall into unhealthy eating habits at school, which are encouraged by the presence of vending machines containing junk food. Even though students may not see the effect of a poor diet now, these effects can start at a young age.

The Red Cross was at my school last week and found that 39 percent of our high school seniors had high cholesterol. What we

do now affects us in the future, and unhealthy diets promote diseases like diabetes, heart disease, and cancer. I want my generation to have a future of health, not one of sickness.

It is hard to fight the influence of a society filled with fast foods, sugary snacks, and other unhealthy foods. Students often eat products like these from my school vending machines as a replacement for nutritious meals.

This Snickers bar has 280 calories. Forty-three percent of these calories come from fat and 41 percent come from sugar. This trail mix, which I consider to be one of the healthiest choices in my school's vending machine, still has 10 grams of fat. These sodas right here have caffeine, especially the Mountain Dew and Pepsi, and are consumed regularly by students at my school. Students clearly have a wide variety of junk food to choose from.

Just one vending machine at my school contains the following products: regular potato chips, barbecue potato chips, sour cream and onion chips, corn chips, white cheddar cheese popcorn, Bugles, pretzels, Little Debbie Nutty Bars, Grandma's Chocolate Chip Cookies, Reese's Peanut Butter Cups, peanut nut rolls, Twizzlers, Skittles, beef sticks, salted peanuts, brownies, Mini-muffins, and Zingers, also candy bars including Twix, Hershey's, Mounds, Kit-Kat, O'Henry, Zagnut, Mr. Goodbar, and Heath Sensations. This machine is located right in the cafeteria. The soda pop machine has Pepsi, Diet Pepsi, Mountain Dew, Orange Slice, and root beer. It is located right outside of the cafeteria.

Foods like these cause tooth decay and lead to health problems later in life. By having vending machines filled with unhealthy foods available during the school day, schools are promoting improper nutrition. Although these machines are turned off during the lunch hour, many students, before school, between classes, or during study halls, eat these junk foods instead of a nutritious school lunch.

The current law bans the sale of foods of minimal nutritional value in the cafeteria during the lunch period. I feel that the definition of banned foods should be expanded to include foods with too much fat, saturated fat, cholesterol, sodium, and added sugar.

In addition, the law should ban these foods from the time school starts in the morning until after the lunch period, and should apply to the entire school, not just the cafeteria. Changing the law in this way would help ensure that children are eating a healthy school lunch instead of junk food and that schools are not actively encouraging us to eat junk food.

My generation is faced with difficult problems, such as AIDS and violence. However, I feel that nutrition also poses a great challenge. Good nutrition is very important to function properly and keep healthy, yet we continue to downplay its importance.

Schools may argue that if this bill passes, they will lose money for valuable programs. This argument is not valid. There are better ways for schools to fund extra programs.

For example, schools should be offered incentives to provide healthier foods. Vending machines with unhealthy food choices could be replaced by machines with healthy choices, such as yogurt, fruit, bagels, applesauce, and other items. Soda machines could also be replaced with juice machines. In my school, juice machines

are available, yet soda is still the more popular choice. This is because juice is 10 cents more than soda. This may not seem like a lot, but to an average high school student, 10 cents can make all the difference. I feel that juice should be available at the same or a lower price than soda.

We need your help in resisting the temptation to turn toward junk food. School is our foundation for growth and should be a positive environment for our health, not a place that promotes poor nutrition. This bill will not take care of eating habits outside of school, but considering how much time we spend at school, hopefully some of these positive eating habits can carry through at other times.

Passing this bill is one step Congress can take toward ensuring a healthy future for our country's children. The real question to be considered today is which is more important, children's health or the profits of junk food companies like Coca-Cola.

Thank you for giving me the opportunity to address this important issue.

The CHAIRMAN. Thank you.

Ms. Boyce, a lot of schools are starting a real course of nutrition education. The Department of Agriculture has begun that and some of the various educational groups and PTA groups and others are trying to get this out.

Why wouldn't that be enough? Why wouldn't it be enough simply to include appropriate periods of time during the school year, some classes on nutrition and just still leave the junk food dispensers there?

Ms. BOYCE. By teaching kids about nutrition in the school and by having these vending machines available in the school, they are kind of contradicting what they are teaching. If you are going to have the Programs in the schools, you need to take the machines out, to show children how to eat. We learn by watching people.

The CHAIRMAN. Do you think, in your normal daily life, either in watching television, listening to radio, reading the newspapers, looking at signs, advertising—and this probably answers the question by asking it—but do you see more advertising for junk food than you do for proper nutrition?

Ms. BOYCE. Most definitely.

The CHAIRMAN. Why did you join Kids Against Junk Foods?

Ms. BOYCE. I joined it because I saw a need for children to be educated about nutrition. I have seen my friends and other students fall into bad eating habits, eating a candy bar and drinking a pop for lunch. It does not give them the nutrients they need to grow properly.

The CHAIRMAN. You come from a part of the country where just about everything nutritional for us is raised.

Ms. BOYCE. Yes.

The CHAIRMAN. Do you find this happens to even those who come from, say, farm families, or those who produce the food and fiber?

Ms. BOYCE. Yes.

The CHAIRMAN. Do you find that there is still a lack of nutritional education?

Ms. BOYCE. I think we have the education, but by having the machines in the schools, available, if kids see junk food there, of course they are going to eat that instead of the school lunch.

The CHAIRMAN. Thank you.

Ms. Hurt, you talked about the American School Food Service Association. You said that you support my bill but you would like to see it go even further. Do you want to just emphasize that a little bit?

Ms. HURT. It is very difficult for us to fight this. If there is a soda machine outside the cafeteria, down the hall, students will choose that, no matter—

The CHAIRMAN. By "fight this," you are not referring to the bill, you are referring to—you said it is very hard for you to fight this. You weren't referring to the legislation.

[Laughter.]

Ms. HURT. It is very hard for us to fight having the junk food in the schools, because if they can go down the hall and pick up something for 50 cents, they will spend their lunch money on that rather than coming through our lines, no matter how wonderful our meals are, because that is easy for them to pick up and it is the in thing to consume for them.

The CHAIRMAN. Is it safe to say, I guess around noontime students are hungry and they are going to satisfy the hunger one way or the other. You are just saying that if the junk food is there, they are more apt to go for that first.

Ms. HURT. Right. Fifty cents, they would rather spend their lunch money, spend 50 cents, have 50 cents or 75 cents left over for something else, and you feel full after you have consumed a can of soda. So, they are temporarily satisfied.

The CHAIRMAN. Ms. Meiki, it appears, no matter what side somebody might be on this issue, I think most people assume that, if you are a student and you are going to eat, you are going to make your choice based on the choices available to you. If the only choice available to you is a nutritional meal, if you are hungry, you are going to eat the nutritional meal. You might get a little education along with it, but you eat it.

What you are saying is that if the competitive foods are there, junk foods or competitive foods, whatever they might be called, if they are there, the choice would be similar to what Ms. Boyce and what Ms. Hurt has said. Why don't we just get the junk foods out of the schools? Let us assume it is totally a local choice. Why don't we get them out? Why is it so hard to get them out of the schools?

Ms. MEIKI. I firmly believe it is so hard to get them out because they generate such tremendous revenue that the schools are using for supporting other activities that may be less funded than they were in years gone by. So, when funds are plentiful and when there are also all kinds of added perks, bicycles, computers, cash incentives, catered events that are paid for by Coca-Cola and others that generally I have had some experiences with, it is very hard to take all of those perks away from school administrators and also remove the vending machines.

When the perks are there, everything else that goes with it, including the location of the vending machines, is hard for us to fight

as food service professionals. We don't have any incentives to offer to the administrators, as does Coca-Cola and other manufacturers.

The CHAIRMAN. Tell us about these perks. Is there something on vending machines that say to students, if you buy X-number of cans of this, we will give somebody here a computer or something like that, or are we talking about something a little bit different?

Ms. MEIKI. I don't know how specific I can get, but I can cite that on an occasion that shall remain nameless and not very specific, about a year ago, I was privy to having Coca-Cola people speak to a large group of administrators and address the fact that in cash incentives, I believe—and I would not like to be quoted on this, but I believe that it was the State of Montana school system that in particular was given or awarded \$1 million in cash incentives in the form of computers and other perks for outstanding volume of Coca-Cola sales within the schools. I happened to hear that directly from the Coca-Cola people themselves.

The CHAIRMAN. What are the catered events? What do you mean by catered?

Ms. MEIKI. Catered, as in any company, any organization that has something to sell that wants a foot in the door of a school system commonly will offer to pick up the tab on breakfast, lunch, dinner, a special afternoon reception, and because funds are so critically tight at all levels within Chicago Public Schools—I can't speak for others, but I am sure everyone here has heard and seen the news that our funding has been in a terribly strapped situation—it is very difficult to pass up those perks in any part of the organization when funding is not there to pay for the kinds of things that make meetings more enticing.

The CHAIRMAN. Those who provide these school lunches, for example, who determine whether you are going to have a vegetable on the plate, types of milk or anything else, do they also promise computers, bikes, catered events, cash prizes?

Ms. MEIKI. Let me understand your question. You are saying that our school food authority cannot offer those kinds of perks?

The CHAIRMAN. Yes.

Ms. MEIKI. For the most part, the answer is yes. There are some perks available, but those perks that would be available from the manufacturers, the vendors, and the distributors are usually on a much, much smaller basis. They may supply us with merchandising materials, advertising information, and the kinds of things that we would not have budget for in terms of overall marketing, but not typically prizes other than some very small moderate things—pencils, pens, T-shirts, and the like, which are nowhere near as exciting as the cash incentives, the computers, and the bicycles.

The CHAIRMAN. If children are being sent to school to be educated, and if as part of that education we are putting together a school feeding program that is supposed to provide adequate nutrition, shouldn't this be the responsibility of all of us as taxpayers to provide for that education? Shouldn't we be doing that and now saying we have to sell something to those same kids, whether it is good for them or not, to provide for the cost of their education?

Ms. MEIKI. Yes and no. I have to agree with you 50 percent, in that, yes, as educators and as professional food service people and as people within this entire chamber, we do have an obligation to educate them.

However, just from a side story, on the plane coming out here, even with the best education, we can't possibly compete with the large-scale advertising that Coca-Cola does. On Sunday before I came out, I attended the National Restaurant Show in Chicago. Coca-Cola had splashy advertising to the equivalent of probably 20 other exhibit booths. They had a two-story booth display area at the National Restaurant Show in McCormick Place that was, by and large, bigger and probably flashier than all of the rest.

Above and beyond that, I sat next to a little 7-year-old on the plane, and even with the best education that we can provide, children are vulnerable. What they see and what is advertised, they can't resist. I said to the little boy, if you had a choice of lunch from home or lunch at school, and with either of those lunches you could have a big ice-cold glass of milk or a can of Coke, which would you choose?

The little 7-year-old boy looked at me like I had really lost it and with an expression that I can't even describe said, "A can of Coke, of course," as if to say, what is wrong with you. I rest my case.

The CHAIRMAN. Each of my three were, at one time, 7 years old, and I can see the look of wondering how adults could possibly ask such silly questions.

Do you think that the sale of sodas and junk food to students or to children before lunch competes with the School Lunch Program?

Ms. MEIKI. If you look at the written content of my testimony, not only do I think, but I feel very strongly that I can say without question that it definitely does compete. Those students that have access, will, in fact—I can cite something other than what is in the testimony.

One of my schools in particular, that 2 and 3 years ago served an average of 300 to 400 student breakfasts in a cafeteria that is open to an enrollment of about 1,800 is now barely, on a good day, serving 200. Usually, it is in the vicinity of 100. Most of the time the managers will report back to me, the kids are coming into the cafeteria, already having stopped to pick up one or two cans of Coke and maybe bringing other snack items with them from home or from outside. Where we have an open campus and kids have access, it is a free-for-all. They pick up and purchase whatever they can along the way, inside and outside the building.

The CHAIRMAN. So, a major incentive to Coke or whatever other junk food might be selling there, it is obvious that they are going to win out over the nutritional foods.

Ms. MEIKI. Exactly. In fact, recently, if I might add, I have a letter⁸ that can be part of the record, if you choose, from a specific manager as recently as Friday of last week that identified Coca-Cola having done a promotion, passing out 20-ounce bottles in the lunch room during lunchtime of free Coke to advertise their new 20-ounce bottle to students during lunch. Her participation dropped by half that particular day, and that was not the only site. How

⁸ Retained in Committee files.

they got past administration, if they were welcomed into the building, I don't know. I just got it at the last minute before I left on Friday.

The CHAIRMAN. I have a number of comments I could make on that, but I think your statement underscores the problem, and I will let everybody else draw their conclusions from it.

Mr. Baldwin, I understand the Vermont State Board of Education recommended that "certain foods which contribute little other than calories should not be sold on school campuses. These foods include carbonated beverage, non-fruit soft drinks, candies in which the major ingredient is sugar, frozen non-fruit ice bars, and chewing gum with sugar." However, the decision is still left to the local governing boards, is that correct?

Mr. BALDWIN. That is correct, and in the Vermont PTA's resolution, we cite the Vermont State Board of Education's policy guidelines as a model to be used with local schools.

The CHAIRMAN. Say in my hometown in Vermont, if my local PTA wanted to keep junk foods out of the schools, what would they have to do?

Mr. BALDWIN. I would say that, as a PTA member, I would approach the school administration first to see what their policies were in existence on nutrition and on feeding, and to look also to see that the school does have a quality hot lunch and/or breakfast program. If not, they need to ask why not.

Then when they do have those questions answered, they need to look at their own school in terms of climate. If there are vending machines in proximity to the cafeteria or in any other place in the building, it is only true that children will make that choice over having a complete balanced lunch or breakfast in a school cafeteria.

I think that as adults, we have a responsibility also to model for students what we wish for them to practice. I think Jodi said it. If given a choice, they are going to choose something sweet and carbonated, but if it is not available, and if you see, in fact, the adults practicing good nutritional habits themselves in the building, I think it will lead to that for students.

The CHAIRMAN. Senator Lugar?

Senator LUGAR. Thank you very much, Mr. Chairman.

As I understand it, the basic issue before us is essentially whether this legislation by statute should indicate that States and local governments, local people, have the right to have more restrictive practices with regard to competitive foods.

Just to review the record for those who are unaware, really, of what the restrictions are, Ms. Hurt, will you respond to this question? Others could, but I will call upon you.

What is the restriction now from the USDA, from the Federal level? In other words, as a local person, what have we done already that restricts the sale of these competitive foods?

Ms. HURT. Currently, the regulation that we must follow states that foods of minimal nutritional value cannot be sold in the cafeteria during designated meal periods.

Senator LUGAR. So, it is only that period? In other words, in your school, if people had lunch from 11 a.m. to 1:00 p.m., during that period of time, what happens? Are the machines locked or taken away, or what happens to them?

Ms. HURT. They are unplugged or locked, or they are not in the cafeteria. They are outside the building or they are down the hall.

Senator LUGAR. If they are down the hall, they are not unplugged or locked?

Ms. HURT. Right.

Senator LUGAR. It is just simply within the cafeteria?

Ms. HURT. Yes.

Senator LUGAR. So, in this particular situation, isn't it true that USDA has given latitude for you to do somewhat more? I grant that one purpose of the legislation may be one of clarification, so that it is absolutely clear that you can do a great deal more to restrict, but for the moment, you can do some things.

Ms. HURT. Yes, we certainly can. Local school boards can pass more restrictive policies.

Senator LUGAR. Under the legislation, if it passes, clearly they could by statute. Why are they more likely to do so if this bill passes than they are doing so now, if they are clearly allowed to be much more restrictive?

Ms. HURT. I think one thing is that the bill calls for the Secretary to develop model language, and so that can be distributed to the school districts and they will have it right in their hands. That is one of the reasons we developed these principles, nutrition integrity principles, so that districts would have some language that they could use to pass nutrition policies.

Senator LUGAR. So, your hope for the legislation would be that after the Secretary of Agriculture thinks through a model situation and this is promulgated to local school districts all over the country, they will study the model and will be more inclined, then, to do that which they are not doing now?

Ms. HURT. I also think, because it is in the bill, that it has attention given to it. That is also important. It serves as a reminder to States and to school boards that they do have that power, because it has been confusing. Over the years, I think districts have not realized they could do that, or States.

Senator LUGAR. Let me ask a very different question to you, Ms. Meiki. I speak from the standpoint of an advocate of school lunches, and we have fairly unanimous agreement on this committee. USDA reports issued last year, indicated a certain amount of fat content in school lunches. This led to some ambiguity in the press coverage of the situation. In fact, some mail from parents indicated concern about the amount of fat in school lunches.

To what extent, as you observed this in Chicago, have you been able to counteract it, or did you have to counteract it? In other words, are you able to offer in the school lunches you are providing a standard which clearly appears to be a healthier standard than other types of lunches people bring in or might put together?

Ms. MEIKI. My response to that, first of all, is that we are optimistic that with the passage of Senator Leahy's S. 1614 and the component of your Lugar-Miller milk bill, that that will give us greater latitude to decrease the mandate in terms of one or two kinds of milk having to be offered by necessity and give the kids latitude of choice.

To answer the second part of your question, in Chicago, we have made an effort and we are working with pilot schools with the

Heart Association to decrease the fat, the cholesterol, and the sodium consumption of the foods prepared in the scratch kitchen operation.

I can say that as far as the milk component, that if the students have the opportunity to take whole milk, something so oversimplified as the color of the carton camouflages their choice. In Chicago, most of the red cartons are whole milk and most of the blue cartons are 2 percent, and it goes from there. For some reason, red captivates the audience. If the red carton has to be there, then they will invariably take whole milk over low fat, and it is just that basic.

Senator LUGAR. That is interesting.

Ms. MEIKI. We appreciate anything you could do on the milk bill component.

Senator LUGAR. That is an interesting finding. I appreciate your comment. That is very helpful to know.

I think our own concern here on the committee is how we can be supportive of nutritionists in trying to make certain that the fat content of the lunch, the total lunch, decreases, not abnormally to an unhealthy point, but as nutritionists will point out, I presume, later on today, and you would as professionals, the average fat content of meals between 30 and 40 percent for many Americans. We have been trying to get it to 30, at least, for children. To add fat content would seem to be counterproductive.

Packing of the very milk seems to influence it?

Ms. MEIKI. It is that basic. It has taken us quite some time. In fact, there is very moderate color changes between the whole chocolate and the 2 percent chocolate, and we have managed to make that transition because of the flavor of the chocolate. Still, in the whole milk, the red carton is a draw. I have had managers say to me, if we could just put the choices all out there without anything being in a red carton, maybe we would have a chance.

It is amazing to me, as I am sure it is to you, but that is where it is at with the children's choice.

Senator LUGAR. Any of you might respond, if you wish, but essentially, as I gather from the questions and answers we have had, you believe that the bill is important because, first of all, it focuses attention. It clarifies the ability of local authorities. They may have the ability now, but it clarifies that and brings a model idea from the USDA as to what ought to occur.

What are the other aspects of the bill you find most favorable, as advocates of the bill?

Ms. Hurt, do you have another thought about that?

Ms. HURT. There are a number of things that we like about the bill. We are also very supportive of breakfast startup grants. Wisconsin ended up being at the bottom of the list on the Breakfast Report Card, and so incentives for schools to begin breakfast programs are important.

And, of course, the whole milk, deletion of the whole milk requirement. We also like the yogurt substitution, that we could serve yogurt and have that count as part of the meal requirement. That would also be a very good advantage for us.

Senator LUGAR. Thank you.

Mr. Baldwin?

Mr. BALDWIN. As an elementary school principal, I also like the provision that allows the schools to teach the proper nutrition, and additional funds available to do some in service around that activity. We are all looking to develop comprehensive health education policies within our schools, and those reflect also on body care and systems in addition to the nutritional aspects.

Senator LUGAR. That would really appear to be critical, wouldn't it? We have been commenting on the fact that people seem to make bad choices, whether they are children or adults, and maybe they continue to do so if there is not really a body of information that leads people to do things that are best for themselves.

There is, obviously, a paternalistic feeling about this, because we are parents, but at some stage, people make choices as adults. As Senator Leahy was commenting with his children, as a parent of four sons, I have seen some good choices made and some bad ones, both as children and as adults, I am encouraged that you have picked up that aspect, to do more advocacy for nutritional information.

Mr. BALDWIN. As a father, it is certain that oftentimes I put my own practices into place, and I have to think sometimes about what I do and what impressions I want to leave on my children, because they are quite impressionable.

Senator LUGAR. Thank you, Mr. Chairman.

The CHAIRMAN. They will probably always remain that way. I was telling Senator Lugar, my mother is in town visiting and she has already told me about some of my own eating habits. Mr. Baldwin, it never stops, I just want you to know.

[Laughter.]

The CHAIRMAN. Judge Heflin?

Senator HEFLIN. Following a little bit up on what Senator Lugar asked about, to get it clarified, the present status, as I understand it from what was said here, and you correct me if I am wrong, is that the local school board has the authority to prohibit the sale in the cafeteria.

Ms. HURT, as I understood it, you said that maybe in some places, at least I got the impression from what you said, that the local school board would have the authority during certain hours to stop the sale, regardless of where it is in the school building.

Ms. HURT. The local school board has the power to pass any type of ban that they would want on the sale of these items, but the rules that we are currently following in our district and in most districts are those of the USDA regulations.

Senator HEFLIN. What are they?

Ms. HURT. We are restricted from selling foods of minimal nutritional value in the cafeteria, only in the cafeteria, during—

Senator HEFLIN. They don't give you the authority under those USDA regulations to prohibit it during certain hours, during, say, the hours of 11 a.m. to 1:00 p.m. anywhere on the school grounds?

Ms. HURT. No, it is just in the cafeteria during the designated meal periods. So, if we have breakfast—

Senator HEFLIN. I was under the impression that you had the authority to do that anywhere on the school grounds during certain

hours, that the school board or the principal or whoever could prohibit it anywhere on the school grounds during the meal period, say, from 11 a.m. to 1:00 p.m.

Ms. HURT. The school board could restrict it, but the USDA only restricts it in the cafeteria.

Senator HEFLIN. I was under somewhat of an impression that they had the authority from the Department of Agriculture to restrict it anywhere on the school grounds during those lunch periods. You say that is just up to the school board?

Ms. HURT. That is right.

Senator HEFLIN. It is nothing coming from USDA?

Ms. HURT. That is correct.

Senator HEFLIN. I believe that is the only question I have.

The CHAIRMAN. I would like to clarify the current USDA regulations. The sale of competitive foods of minimal nutritional value are banned in the cafeteria during lunch hours. Other competitive foods cannot be banned provided that all proceeds go toward student organizations or toward the school itself. However, local schools and State education departments may go beyond the Federal regulations and ban the sale of all competitive foods anywhere on campus, at any time of the day. My bill clarifies these options.

Does anybody want to add anything else? Mr. Baldwin?

Mr. BALDWIN. Yes, just a followup comment. If we are truly advocates for children, I think we need to look at it carefully and remove some of the temptation. I think that local school boards oftentimes turn over very quickly, and as in Vermont, where they are elected usually at a town meeting basis, you can end up with a board that shifts and changes opinion, possibly even a majority, every year. So, you are working with a new group of people coming on board.

I think that the article that appeared in the *New York Times* on Tuesday, April 26, entitled "Senator Promoting Student Nutrition Battles Coca-Cola" also helps to raise the awareness of local elected officials that they need to take a look at the practices and they need to look to see if what they are practicing is truly what they are preaching.

If we are out there for children, we need to remove some of things that we know have absolutely no value to children in school. All the other groups that have their hands out for whatever reason, whether it be gifts or cash incentives, then it is up to schools to support the activities that those things seem to support through their regular budget rather than having to always fundraise or look at outside sources and remove the temptation.

The CHAIRMAN. Unfortunately, reliance on the sale of competitive foods for fund raising purposes may have very bad side effects. Many children choose to spend their lunch money on competitive foods rather than the nutritional meal it was intended for.

Mr. BALDWIN. Absolutely. If the eighth grade is selling candy bars for \$1 apiece, I will bet you \$10 that they will sell those faster than a \$1 lunch ticket.

Senator HEFLIN. Is there a distinction between schools like the elementary and middle schools and high schools relative to this?

Mr. BALDWIN. In my situation, I have 463 students, grade K to 8. That often makes a very interesting school, when you have

5-year-olds in amongst 14-year-olds. Seventh and eighth graders are unique human beings at that stage of their development, and yes, they would choose soft drinks and chips and other non-essential foods over the stigma, possibly, of sitting down in a cafeteria for a type A meal.

Senator HEFLIN. Isn't there some prohibition right now against elementary schools having them in the schools at all?

Mr. BALDWIN. Not that I am aware of.

Senator HEFLIN. Is that right?

The CHAIRMAN. The choice between junk food and nutritional food is similar to the choice between homework and television. There are times when choice must be sacrificed for the overall betterment of the child.

Thank you all very, very much for being here. We will take about a 3-minute recess.

Senator HEFLIN. You may well want to just limit the wheels, too, while you are doing that.

The CHAIRMAN. As I tell my children, I had to walk several miles to school every day, uphill both directions, snow to my waist—

[Laughter.]

The CHAIRMAN. —but they have never quite believed that, although they do tell me they have heard the story enough they have it memorized.)

We will take about a 3-minute recess.

[Recess.]

The CHAIRMAN. We have a panel of Mr. Drew Davis, who is the Vice President for Federal Affairs of the National Soft Drink Association, who will be testifying. He is accompanied by Dr. Vala Jean Stults, a registered dietitian at California State University. Did I pronounce that correctly, Dr. Stults?

Dr. STULTS. Yes.

The CHAIRMAN. We also have Mr. James R. Elliott, who is the principal of Thompson High School in Alabaster, Alabama.

Senator HEFLIN. Alabaster, Alabama.

The CHAIRMAN. Have I been there with you?

Senator HEFLIN. No, I don't believe you have been to Alabaster. You haven't been thoroughly educated yet.

The CHAIRMAN. I have been to a number of places in Alabama, but I always get my visa stamped by Judge Heflin before I go down. I didn't know whether Alabaster was on the list or not.

Mr. Davis, go ahead, please.

Mr. DAVIS. I think Mr. Elliott would like to go first, Mr. Chairman, if that is all right.

The CHAIRMAN. Mr. Elliott, then I will let you chair it. You go ahead first.

STATEMENT OF JAMES R. ELLIOTT, PRINCIPAL, THOMPSON HIGH SCHOOL, ALABASTER, ALABAMA

Mr. ELLIOTT. The first thing I would like to do is extend you a personal invitation to join us down in Alabaster the next time that the Senator will allow you to or give you a map or whatever it is.

When he stamps your passport, we would certainly love to have you come down to our little town.

The opportunity to come here today, Mr. Chairman and Members of the committee, is something that I have looked forward to for a little while, and it is an opportunity I have not had.

As I said, I am James R. Elliott. I am principal of Thompson High School in Alabaster, Alabama. We are approximately 1,000 students. In addition to that, I have served for 25 years in public schools in Georgia and Alabama and have been a high school principal for 13 of those 25 and an administrator for some 21.

I have been President of the Alabama Association of Secondary School Principals. I presently serve as the Federal Relations Coordinator for the NASSP. I am here today to speak for 42,000 of my colleagues who are members of the National Association of Secondary School Principals.

We have given you written testimony and would like to have it entered into the record in its entirety, although with the 5-minute limit, we will not speak to all of that.

The CHAIRMAN. Your whole statement, though, will be put in the record, Mr. Elliott.

Mr. ELLIOTT. Thank you, Sir.

NASSP is the largest school leadership organization in the United States, consisting of middle-level and high school assistant principals and principals. Also, NASSP administers the National Honor Society, the National Junior Honor Society, the National Association of Student Councils, and the National Association of Student Activity Advisers. This association, students, school administrators, teachers, and advisors, is approximately 750,000 strong.

There is a lot that has been said here today. First, I would like to commend you and the committee for the work on the School Lunch and Breakfast Program, the WIC Program, and the Special Milk Program. These are very vital.

We are not here to talk about any section of S. 1614, with the exception of section 208. We firmly appreciate the work that has been done here by committee Members over the years, since, I guess, 1946, in feeding students. We feel like nutrition is extremely important. We feel like we need to educate our children to that extent, and we feel like we need to educate parents at early ages for those kind of things.

It was stressed this morning that local control is what this is all about, and we firmly agree with local control. The only thing is that we think, under the current statutes, that local control is there and that local control is evident, and that we as school administrators have the opportunity and the authority to ban anything that we wish to ban from our campus or to serve the kinds of things that our community needs.

We think nutrition education is important, but we are dealing primarily, in my situation, with high school age students, and we think that if we are going to educate them to make correct choices, that sometimes we have to give them the opportunity to make those choices.

In my particular situation, I have 1,000 students and my students know quite well and very distinctly that if lunch room par-

ticipation falls, the vending machines go. I think I have the opportunity to work with our people to do that.

Our lunchroom participation is up during the last 2 years that we have had vending machines, but we didn't get lunchroom participation up by putting in vending machines. We took a food chemistry class, we took an applied biochemistry class, we took home arts classes, and we worked with our cafeteria managers and our cafeteria staff and our students helped prepare our menus. Our students helped prepare the kinds of things that kids enjoy, that are nutritious for them, that meet the Federal guidelines. Our staff has worked hard to make preparation attractive.

My lunchroom at Thompson High School is the Warrior Rock Cafe. The big emblems are painted on the wall. My mascot is a warrior, and that warrior drives a 1957 Chevrolet in a mural painted on another wall. However, we have taken our cafeteria and we have made it a part of school pride, and we have made it interesting for students to be there. We serve a variety of different kinds of things.

It has nothing to do with vending; it has to do with preparation of foods and working with children to make adequate choices. We don't think that we need to take machines out because we would eliminate their opportunity to make these choices.

We think that in a time of site-based management that this should be left to the site base, that we in local schools, with our local elected boards and superintendents, should have the opportunity to continue to make the decisions. In answer to Senator Heflin's question, there are eight States that do ban sale of competitive foods. There are five other major school districts that I know of, including New York City. So that opportunity is presently here.

Our position is that 208 is unnecessary. The remainder of the bill, in general, as far as I can see, I could support the things that are there. On the other hand, the current regulations, we think, can work, we think will work.

I don't know where all these people are getting these kickbacks and perks, but I know in Alabama we didn't get \$1 million out of Coca-Cola. I will tell you that we have gotten much from the vending companies to make it possible, \$25,000 last year, to buy technology that we could not afford in any other way.

We appreciate being here and appreciate the opportunity to let you know that we are doing what we are supposed to be doing and it is currently working. I don't know of any way to replace that \$25,000 that assists my students. Hopefully, during questions, I can give you some other examples of what we are doing.

Thank you for your time.

The CHAIRMAN. There is one way of replacing it, if the taxpayers decide to.

Mr. ELLIOTT. Yes, Sir.

The CHAIRMAN. If they decide that good nutritional food for their children is worth coming up with that extra amount of money for taxes—I don't mean to be naive, because I see the tax items come up every year on ballot in our State, and I know how difficult they are, but that is one alternative, is it not?

Mr. ELLIOTT. We would love to live in Utopia and we would love for those kinds of things to be funded. I think that fund raising is a horrible way to fund education.

The CHAIRMAN. I agree with you.

Mr. ELLIOTT. Yet, I am realistic to the fact that in the State of Alabama and many other States, in order to give children expanded opportunities, cultural, fine arts, and otherwise, fund raising is the way that we have done it and it is the way that we have to do it.

The CHAIRMAN. Do you allow those high school students to make choices in other areas as well? For instance, do you have cigarette vending machines in the schools?

Mr. ELLIOTT. Sir?

The CHAIRMAN. You stated that it is important that the students make their own choices. Do you have cigarette vending machines in your school?

Mr. ELLIOTT. No, Sir, we do not. We have a tobacco free campus.

The CHAIRMAN. Smoking is not a choice that you allow your students to make for themselves.

Mr. ELLIOTT. That is not a choice that we allow them to make, you are correct.

The CHAIRMAN. Thank you.

Mr. Davis?

STATEMENT OF DREW M. DAVIS, VICE PRESIDENT, FEDERAL AFFAIRS, NATIONAL SOFT DRINK ASSOCIATION, WASHINGTON, DC., ACCOMPANIED BY VALA JEAN STULTS, REGISTERED DIETITIAN, FOOD AND NUTRITION, DEPARTMENT OF HOME ECONOMICS, CALIFORNIA STATE UNIVERSITY, LONG BEACH, CA

Mr. DAVIS. Good afternoon. I am Drew Davis, vice president, Federal Affairs, for the National Soft Drink Association. NSDA is the major trade association representing the soft drink industry in the United States. Our members include bottlers, distributors, franchise companies, and suppliers from every State.

I am accompanied here today by Dr. Vala Jean Stults, a registered dietitian, nutrition consultant, affiliated with California State University, Long Beach.

I would also request that the statement that was provided the committee from Dr. Allan Forbes, former director, Office of Nutrition and Food Science, Center for Food Safety and Applied Nutrition, Food and Drug Administration, also be submitted in the record.⁹

Mr. DAVIS. Mr. Chairman, we sincerely appreciate the opportunity to appear before the committee this afternoon to express our opposition to section 208 of S. 1614, the Better Nutrition and Health for Children Act of 1993. We commend the Chairman for his efforts to expand the scope of the Federal school breakfast and lunch programs and we wish to make it very clear that our presence here today is solely related to our opposition to section 208 and not to any other provision of S. 1614.

⁹See Appendix II, page 160.

The soft drink industry has a longstanding record of support for organizations promoting better nutritional opportunities for children and students, but the National Soft Drink Association is categorically opposed to section 208. Our opposition is based on our conviction that no credible evidence exists to warrant a change in the statutory and regulatory landscape governing the issue of foods sold in competition with the School Breakfast and Lunch Programs.

Specifically, our objections to this section are based on the following facts and beliefs.

There is no evidence that the current laws and regulations regarding the sales of competitive foods, like soft drink, aren't working.

NSDA believes that decisions regarding the sale of competitive foods in secondary schools should originate and be made at the local level without the coercive encouragement or mandate of the Federal Government.

There is no evidence that the consumption of soft drinks in secondary schools is inconsistent with sound nutrition science.

Fourthly, there is no evidence that the sale of competitive foods in secondary schools contributes to lower participation levels in the School Lunch Program.

The history of debate about the sale of foods in competition with the School Lunch Program extends as far back as 1946. The legislative history of this is clear and it is contained in my statement. The current regulations regarding the sale of competitive foods were developed after the reauthorization in 1977 and were codified after a court decision that this association was part of in 1984. Those rules prohibit the sale of foods of minimal nutritional value in the school food service areas during the serving of the meal program.

As before, however, State agencies and local school officials may impose additional restrictions on the sale of and income from all foods sold at any time throughout schools participating in the School Lunch Program.

We believe that the current status quo regarding competitive food regulations is working and there is no need for change. Previous attempts to expand the authority of USDA over competitive foods have been rejected by the Congress.

While those attempts could be viewed as direct frontal assaults on the current status quo regarding competitive foods, section 208 is, in our opinion, an attempt to implement change via the back door. Section 208 is not merely a clarification of existing authority with regard to competitive foods, but instead an effort to require USDA to implement a policy intended to restrict access to and discourage the consumption of foods such as soft drinks based on personal nutrition opinions, rather than sound dietary science.

This section not only requires USDA to develop regulations informing State and local school officials of their authority to exceed existing USDA regulations regarding competitive foods but also requires USDA to develop model language to be used by State and local school officials to further restrict the sales of foods like soft drinks.

Even though that decision is ultimately left in the hands of local school officials, we believe that such an action on the part of USDA

will have a coercive impact on local school authorities. We strongly oppose any effort by the Congress or any Federal agency to implement a policy intended to discourage the consumption of foods like soft drinks. Personal nutrition beliefs are no substitute for sound scientific evidence.

To the best of our knowledge, soft drinks are not sold in elementary and grade schools other than at a few vending machines in teachers' lounges. They are, however, sold in secondary schools which allow the machines. In those schools bottlers routinely enter into profit sharing agreements with the local school officials. While the bottlers' share of those profits is insignificant in terms of his or her business, that is not the case for school officials.

These vending machines have timers or locks on them that turn the machines off 30 minutes prior to the first lunch period, and they remain off until the end of the last lunch period.

The decision to allow soft drink vending machines is made by the local school officials, often in consultation with the PTA and student government organizations. NSDA believes that local school officials, parents, and teenage students do not need the unsolicited intervention of the United States Department of Agriculture to make decisions with regard to what food and beverages to consume during the course of the school day.

After all, if secondary school age students are considered by their States responsible enough to obtain driver's licenses and responsible enough to register for the draft when they turn 18 and to register to vote, we question whether or not there is a need for "Big Brother" in the form of USDA injecting itself into their decisions when it comes to refreshment choices.

I realize I am out of time, Mr. Chairman. I would just like to say—

The CHAIRMAN. The rest of the statement, then, will be placed in the record.

The CHAIRMAN. It could be argued that "Big Brother" is interjecting himself into some of your profits. However, it is not only competitive foods which are kept out of schools. Mr. Elliot just testified that they keep cigarettes out of the school. That is a decision that's obviously made by school boards. A group of tobacco manufacturers tried to argue that they were not aware of the dangers of smoking. When this was broadcast on TV, something like 90 percent of all Americans disagreed with those tobacco manufacturers. I know that you would not want to inadvertently provide any misleading implications. The vending machines, which are locked, are restricted to the cafeteria. Is that correct?

Mr. DAVIS. No, that is not my understanding at all.

The CHAIRMAN. It is not yours, OK.

Mr. DAVIS. We understand that in a number of schools, principals, regardless of where the machines are located in the school property, turn them off. That is not—

The CHAIRMAN. I am talking about the Federal law. The Federal law applies just to the cafeteria, is that correct?

Mr. DAVIS. That is right. USDA is limited to restricting their operation in the cafeteria during the school lunch hours.

The CHAIRMAN. Mr. Davis, the National Soft Drink Association, what percentage, directly or indirectly, of your funding comes from the Coca-Cola Company?

Mr. DAVIS. We represent all of what we call the syrup companies and the individual bottlers. They pay NSDA dues based upon their sales volume. I would imagine that Coca-Cola, as the largest member of the industry, pays the largest amount of dues.

The CHAIRMAN. Would that be 5 percent, 10 percent?

Mr. DAVIS. I really don't know, Mr. Chairman.

The CHAIRMAN. Do you want to give a guess?

Mr. DAVIS. No, I really rather not venture—

The CHAIRMAN. However, it would be the largest?

Mr. DAVIS. Yes, I would imagine that, based on their sales, they would be the largest dues paying member of the organization.

The CHAIRMAN. And your organization is set up with a board of directors?

Mr. DAVIS. That is correct.

The CHAIRMAN. Who picks the board?

Mr. DAVIS. The board of directors is elected by the membership. Our membership are bottlers and franchise companies.

The CHAIRMAN. Is the membership based upon dues paid?

Mr. DAVIS. To be a voting member of the National Soft Drink Association, you have to be a dues paying member, that is correct.

The CHAIRMAN. So, the largest percentage of those who can vote for the board of directors are related to Coca-Cola?

Mr. DAVIS. No, our votes are not apportioned out by their dues.

The CHAIRMAN. I see.

Mr. DAVIS. It is one man, one vote; one company, one vote.

The CHAIRMAN. So, somebody in a soft drink company in a small town in Vermont, would have an equal voice with Coca-Cola?

Mr. DAVIS. If it came down to a vote on our board of directors, their vote would count just as the Coca-Cola Company's vote would count.

The CHAIRMAN. Then are you saying that Coca-Cola has an insignificant influence on your association?

Mr. DAVIS. I am responding to your question with regard to the dues.

The CHAIRMAN. No, but does Coca-Cola have a significant or insignificant influence on your association?

Mr. DAVIS. Coca-Cola is a member. We are a trade association that attempts to reflect a consensus of our membership. They have a voice, just like everyone else.

The CHAIRMAN. No more or no less than that little bottling company in Vermont?

Mr. DAVIS. You are assuming, Senator, that the interests of the Coca-Cola Company would be dramatically or diametrically opposed—

The CHAIRMAN. No, I am just saying, suppose they were. Would their voice then be the same, if it was diametrically different? Would they have an equal voice in your association?

Mr. DAVIS. I have worked for the association for 21 years, and I am not aware of any instance where we have favored one company over another.

The CHAIRMAN. The reason that I ask, you say that you are here to express your opposition to section 208, but when Coca-Cola sent their letter around to the various groups around the country, they spoke of the legislation, the Better Nutrition and Health for Children Act. They said, if you agree with us, we are asking you to send a letter to Senator Leahy as well as to your Senators requesting they not pursue this Act. That goes a lot further than section 208.

I am just mentioning one of your most significant members and how they feel. Now I realize you may be testifying here totally independent of Coca-Cola with no influence from them at all, but I am just suggesting that they go considerably further than you do.

Mr. DAVIS. No, I would suggest that if the Senator takes in context all three of the documents that you referred to—

The CHAIRMAN. You mean the documents that were turned up after we caught them at it, or—

Mr. DAVIS. No, the documents that you entered into the Congressional Record. Quite clearly, the sample letter shows opposition to section 208, not to S. 1614.

The CHAIRMAN. No, the letter that they have sent by Bonnie Pruitt of February 28, 1994, tells them that they are opposed to the Act itself. Subsequently, they talk about 208, but they start off opposed to the Act itself, the whole Nutrition Act.

I realize we have a different view on nutrition. You say in your testimony, "To suggest that the consumption of soft drinks is inconsistent with sound nutrition science is to advance a misguided notion of proper nutrition that is not supported by any credible scientific evidence."

Frankly, Mr. Davis, that sounds almost like it was written by the same person who tried to convince this committee that ketchup was a vegetable a few years ago. That didn't fly, either.

New York Times' health columnist, Jane Brodie, addressed this issue in her nutrition book which was revised in 1987. Ms. Brodie writes that "Probably the most insidious undermining of good nutrition in the early years comes from the soft drink industry. Catering to children's innate preference for a sweet taste, the industry has succeeded in drawing millions of youngsters away from milk and natural fruit juices and hooking them on pop and other artificially-flavored drinks that offer nothing of nutritional significance besides calories. No other choice than soft drink presents a more serious threat to good nutritional health. Soft drinks are the epitome of empty calories. They contain water, artificial colorings and flavorings, and sugar, nothing else."

Would you disagree with that?

Mr. DAVIS. Yes, I would. In fact, I believe Dr. Forbes, in his statement to the committee, would also disagree, and I would ask Dr. Stults, who is an expert in that area, to comment.

The CHAIRMAN. How would you explain that to Patricia Gunther, Ph.D., R.D. HNIS? The Journal of the American Dietetic Association conducted a study to investigate the nutritional impact of soft drinks on the diet of teenagers. The study indicates that teenagers may be substituting soft drinks from milk in meals. The negative correlation between soft drink and milk intake with intakes of calcium and magnesium indicate that soft drink consumption by teen-

agers may be contributing to their low mean intakes of those nutrients, which have been identified as problem nutrients for the entire U.S. population.

Do you have any comment on that?

Mr. DAVIS. There certainly were a lot of theories in that document that you just read. They might be. I would suggest that absent some empirical studies or some credible evidence to the fact, we would maintain that there is a role in the diet for soft drinks. They are made with safe ingredients. They are sold as a refreshment product. We all need to consume—

The CHAIRMAN. On the other hand, you are not suggesting they are nutritional, are you?

Mr. DAVIS. No, and I am suggesting that we don't market our products making any nutritional claims, other than the caloric content in diet products or low sodium in those products.

I am suggesting, Senator, that in a well-balanced diet, we all need to consume two liters of liquid. Soft drinks can certainly supply part of that liquid intake. The United States Department of Agriculture and the Food and Drug Administration, in developing the regulations that went into effect on Mother's Day, implementing the Nutritional Education in Labeling Act, have a caloric reference standard of between 2,000 and 2,500 calories a day. I would suggest that in a well-rounded diet, there is a place to consume products like soft drinks, and I would reject entirely any argument that they are, in any way, harmful for you.

The CHAIRMAN. I am happy to see you using USDA studies and I will join you in doing so.

A recent USDA study stated that students who purchase food from vending machines, school stores, or otherwise, consume just 23 percent of the RDAs at lunch and less than 20 percent of RDAs for several important nutrients. Students that ate the regular lunch consumed over a third of these RDAs. Doesn't that—

Mr. DAVIS. No, again, because if you will refer to my statement, I don't believe you can apply the term "nutritious" to an individual food or to one meal. We are talking about an individual's diet, the consumption of several foods over a period of time. To suggest that there are good foods and bad foods, we reject that entirely.

The CHAIRMAN. Mr. Davis, the argument you are making is not one to advance the nutritional well-being of these school children. The argument you are making is to advance the sales of your soft drinks. The hope is that their students will get used to them enough, I will hesitate to use the word "hooked" on them enough, but used to them enough that they will continue to buy them afterwards.

Mr. DAVIS. We are suggesting that you have no evidence that the consumption of soft drinks is in any way harmful.

The CHAIRMAN. Let us take a look at what they are here. Here is one of your major members. Calories—140; sodium is 2 percent, total carbonated—13 percent. It says in it that it has carbonated water, high fructose corn syrup and/or sucrose, caramel color, phosphoric acid, natural flavors, and caffeine. Is this anything more than just empty calories and a caffeine boost?

Mr. DAVIS. Vala, why don't you address this. We don't believe that there is any such thing as empty calories. In the course of an

overall diet, an individual needs to consume a certain number of calories. There is no reason that soft drinks can't contribute to that total—

The CHAIRMAN. We are talking about youngsters whose bodies are still forming—

Mr. DAVIS. We are talking about teenage children here, Senator. We have already established that we are not selling soft drinks in elementary and grade schools. We are talking about—

The CHAIRMAN. They are not selling cigarettes, either, to them.

Mr. DAVIS. Certainly, you are not suggesting that the consumption of soft drinks is in any way related healthwise to the consumption of cigarettes.

The CHAIRMAN. No, but what I am suggesting is that you have the same profit motives as the cigarette companies do and not the good nutritional values for the children. That is what I am suggesting.

Mr. DAVIS. We are suggesting that we provide a safe product that has a role in a diet, and to suggest otherwise, based on personal nutritional beliefs, is not a basis for legislating a change.

The CHAIRMAN. These aren't personal nutritional beliefs. Are you suggesting that the pediatricians and others are wrong when they suggest that children should be eating things that have nutritional value rather than empty calories?

Mr. DAVIS. I am suggesting that there are scientists on all sides of this issue who would argue about the proper role of foods like soft drinks in an overall diet.

The CHAIRMAN. Let me ask this, first of Mr. Elliott and then of you. The *New York Times* quotes Coca-Cola as saying, "We make no nutritional claims for soft drinks, but they can be part of a balanced diet. Our strategy is ubiquity. We want to put soft drinks within arm's reach of desire."

Do you think that's a good policy, Mr. Elliott?

Mr. ELLIOTT. I think that's a policy that American business is based on. To be perfectly honest with you, as the lady from Chicago said, she has a lot of students who come into school and bring a soft drink with them. That doesn't necessarily mean they have to get them at school.

Every student who comes to Thompson High School passes at least one convenience store on the way to school in the morning. I think the parents are responsible for part of teaching children nutrition and helping them learn to make those choices. If I don't have machines in my school, I am not going to stop students from drinking soft drink or eating junk food by any means.

The CHAIRMAN. I am not suggesting you will, but aren't you more apt to have them eating—if you are supplying a nutritional meal in your school—

Mr. ELLIOTT. We do supply—

The CHAIRMAN. —and that is all that is there, are they more apt to eat it or not?

Mr. ELLIOTT. I would tell you that they are probably not, because my participation, as I have told you, is higher now than it was 2 years ago when we had no vending machines in school, because we have taken the necessary steps to build a school lunch program that is inviting to students.

The CHAIRMAN. You built that school lunch program, but you didn't build that by adding the vending machines.

Mr. ELLIOTT. No, Sir. I told you, there is no correlation, but what we have is working, so why change it? If the regulations state that local authorities can make more restrictive requirements than are currently required by the U.S. Department of Agriculture, in an era of education reform and site-based decision making, why can we not continue to make those choices? Why can we not—

The CHAIRMAN. Isn't that exactly what you have? Isn't that exactly what section 208 does, Mr. Elliott?

Mr. ELLIOTT. I think 208 goes a little bit further. I think 208, and Senator Heflin can relate to this, mandate from the Secretary of Agriculture with model language to school food services authorities. It will be looked upon very similar to an Attorney General's opinion in the State of Alabama. It is not law, but it carries the weight of law if people don't look at it very closely.

The CHAIRMAN. Not at all. What it says is that the model language will be provided if the school wishes to adopt it. What I am asking is whether you rather have it adopted at the Federal level or at the local level?

Mr. ELLIOTT. I would as soon have it at my local level, which it currently is, because we cut our machines off not only—we don't have machines in the lunch room. We don't have machines in the area of the lunch room. We have them in a totally separate area of the building, but we still cut them off at 10:30 every morning.

The CHAIRMAN. But Mr. Elliott, you and I are in agreement on this. What I am saying is that the local school authorities can make this decision. USDA is simply providing a model piece of legislation. Whether a school chooses to adopt it, it is up to that school. In effect USDA is simply saying we have done the legal work for you. This way the schools know that the model will stand a court test.

Mr. ELLIOTT. I have heard stories of vendors intimidating principals. I also know how intimidating some of these letters can be, when they get to the State agency and the local food services directors. Your language doesn't deal with principals or superintendents in 208. It deals strictly with certain people that this letter is going to come to.

I can assure you that if this model language recommended mandate comes down from the U.S. Secretary of Agriculture to my school system next month, what we are doing is fine, what we are doing is working, and what we are doing supports my hand bell choir and my AP courses and all the other things that taxpayers in Alabama are not going to raise property taxes for, unfortunately, and I wish they would, if this letter comes down, it is going to carry the weight of rule and our food services person is going to our board of education and they are going to look at that and I am going to get a board policy at the next board meeting that says, the U.S. Department of Agriculture said you had to get rid of all those machines.

The CHAIRMAN. But that is not what it says.

Mr. ELLIOTT. That is not what it says, but that is the intimidation and the back-door approach that is going to happen, not nec-

essarily that you intend it to happen, but that is what will happen in reality.

The CHAIRMAN. Knowing Judge Heflin as well as I do, I can't believe the folks of Alabama could be intimidated that easily. Certainly, the folks in Vermont would not be. I can't imagine you would be.

Your school board is elected, is it not?

Mr. ELLIOTT. My school board is elected, my superintendent is elected—

Senator HEFLIN. I am going to send some of the Internal Revenue boys up to Vermont—

[Laughter.]

The CHAIRMAN. We don't make any money. There is no need for them to come up.

Mr. ELLIOTT. I can tell you this. We didn't get any of those perks that school administrators are supposed to be getting from the Coca-Cola Company. Now if you call a perk the fact that I was able to purchase 15 computers for my students last year to teach them on something other than obsolete typewriters, yes, Sir, I bought that out of vending profits.

The CHAIRMAN. And I am in favor of being able to buy such things, but what I am saying is don't call this a mandate, because it is not. For one thing, my own State of Vermont wouldn't accept that kind of a mandate. This is an issue which should be decided by local school boards.

I would assume the folks in Alabama are tough enough to stand up and say what they want.

Mr. ELLIOTT. Yes, Sir, but they can now, so why do we need the clarification and why do we need the additional language, and specifically in paragraph 3?

The CHAIRMAN. That is a matter of—

Mr. ELLIOTT. Why do we need to add that to something that is currently working—

The CHAIRMAN. Obviously, Coca-Cola wants to see this provision defeated at any cost. To achieve this, they are going after the bill in its entirety, at the expense of all of these very important nutrition programs, but they [the Coca-Cola Company] make much more money than the school systems in most States.

Mr. ELLIOTT. My personal opinion is, that is not their intent. That is my personal opinion, and everybody has their own.

The CHAIRMAN. After reading the company's letter, it is hard to see otherwise.

Mr. ELLIOTT. I will tell you this. The vendors that I deal with, in all honesty, probably lose money on Thompson High School every year because of the fact of the things that they give us back in addition to a higher profit margin than they might give Sandy's Country Store, and she has never made a donation to Thompson High School from the profits she made off of Coca-Cola or Pepsi or anyone else.

The CHAIRMAN. You are not suggesting that Coca-Cola and the others are doing this out of a sense of sheer altruism, are you?

Mr. ELLIOTT. I am sorry?

The CHAIRMAN. You are not suggesting that Coca-Cola and the others are just doing this out of a sense of what is best for children, are you?

Mr. ELLIOTT. I would tell you that—and I can only speak for the people in my part of Alabama—the distributors that I deal with are very good corporate citizens. I won't tell you that every business does not have a profit motive. I think that is one of the goals this country was built upon.

The CHAIRMAN. I understand.

Mr. ELLIOTT. But I will tell you that the Buffalo Rock people who bottle Pepsi, the Coca-Cola Bottling Company, and others are some of the best corporate citizens we have. They fund scholarships, they have student of the month programs, they work with the local television stations to sponsor education reform and activities and meetings. They are very good corporate citizens in Birmingham, Alabama.

The CHAIRMAN. They are in Vermont, as are most distributors including those who sell cigarettes.

Senator LUGAR?

Senator LUGAR. Mr. Chairman, the testimony we have heard and your questions and the responses have narrowed the issue, I suspect, down to section 208. Apparently, everyone who has testified is in favor of the bill. I think the Superintendent raises this as a practical matter out there at the grassroots. The question is what the effect of the letter from the USDA to whoever is receiving it, in this case, maybe food service people, is likely to bring about.

Currently, the situation is one in which the established changes could occur anyway. The net effect of section 208 is to attempt to gain through the USDA, I suppose, more focus upon the issue, and the proponents of S. 208 would say it will bring more of a discussion at the local level on nutrition for children, school lunches.

The Superintendent has testified, as I understand, that it also may bring a sense of intimidation and a change, a very substantial change, in board policy as well as food policy.

Let me just pursue that a little bit more, Mr. Elliott, as I understand it, your testimony is that you believe the letter that will finally be formulated on the standards will come to the School Food Service people and that they will do one of two things. I am not certain what they are authorized to do in your system or other systems, but as a former school board member, I can remember very well discussions at the Indianapolis school board level of school food service policy. We often visited the kitchens. We saw the entire apparatus of that. It is a very important business, of feeding 800,000 children at that time.

But by and large, when they wanted to make a large change in policy, they would come to the school board, and that is what you have suggested they might do on this occasion.

Why would the school board necessarily change whatever the policy might be at this point? In other words, give me the dynamics, as you have suggested, of how this letter affects these personnel as they go to their superintendents, yourself, I suppose, or board members or the press or what have you, but somehow a community debate occurs. How is that debate likely to fall out? Who is likely to argue one way and who the other?

Mr. ELLIOTT. To try to respond that, I appreciate the elevation. I am a principal. I haven't gotten to be a superintendent yet, and I am not sure I want to be one, but I appreciate that.

[Laughter.]

Senator LUGAR. I am sorry.

The CHAIRMAN. I bet you would be a good one, though.

Mr. ELLIOTT. I would tell you, and it is hypothetical, I don't know how it would work. I also don't think it is necessary, because I think sound-minded administrators across this country want students to eat nutritionally sound and balanced meals. I also know that we operate in a lot of different ways, and I think that if we start banning vending at certain periods of time, that we are probably going to ultimately remove it from campuses, as somebody has said they would like to see altogether.

I think that does one thing. That takes away an opportunity that I have to raise funds for my program and all the various activities of that program that we don't have any other way. Students and parents are going to give their children money to buy refreshment-type snack foods in addition to lunch money, and they are going to buy them somewhere.

My point is that if what we have to do is working, and the National Association of Secondary School Principals has supported this philosophy since 1978, we recommend that our principals do all of those things that the requirements call for throughout buildings, not just in lunch rooms, and we will continue to pursue that and continue to work with principals. There are violations of that, I am sure, but there are violations of any rule in any business.

We think what we have is working adequately. We think it provides a source of funding. We think the courts have said that this is funding used for student activities programs and it should remain that option.

So, regardless of where that letter is going to have the intimidating effect, but I tend to believe there are food services coordinators around the country or the food service authority, as this says, that is going to look at that letter and say, this is a multi-million dollar program in our system and we don't want to take any chances whatsoever of being in violation of any mandates and codes, so we had better take a look at this letter. If this is model language, we had better put it in a policy and we had better send it to all of our people, and I am not sure that it will have discussion at the local level.

Right now, if my students and my parents choose to tell me that we want those machines out of this school and the majority of them feel that way, you can rest assured I will take them out.

But one of the options that I have in replacing this funding—and Senator Leahy, property tax improvement is not an option in the State of Alabama right now—I can send students door to door selling merchandise and other fund raising activities. I can place them in harm's way, or I can sell products through vending machines. My students do no door-to-door selling, and my parents applaud that. They find no problem with the fact that we don't send them out selling overpriced merchandise in the name of education.

Here again, I wish that we didn't have to do any fund raising. I wish that we didn't have to fool with vending machines, because

it is an effort on our part to keep all that going and to account for where it goes and to deal with the justifications of whether I buy a set of hand bells or new computers or AP exams for students who can't afford to take them any other way. Those are the things that we do, and those are the things that we would like to continue to do.

NASSP, I think, and I and the Alabama Association can support this bill without about three paragraphs, because it is an excellent bill from the standpoint that school—we would like to see a universal feeding program. In all honesty, we would like to eliminate the red tape and we would like to feed every child that comes to school every day. I am not sure we couldn't do it almost as cheaply if we could count the labor time that is necessary to do what we are presently doing.

The CHAIRMAN. I think you are right.

Mr. ELLIOTT. If we had that situation, we could give the students nutritionally-balanced meals every day, and it really wouldn't matter if they spent their 50 cents on a Coca-Cola or not. We are still going to feed them before we send them home.

So, given the optimum situation, we would love for you to write universal lunch and breakfast in here and pass it and somehow increase the Federal budget's appropriation to education.

Senator LUGAR. What if the letter from the Secretary of Agriculture had an additional paragraph? I don't know what he will write to begin with, but we are guessing that he is going to write in ways that you suggested—what if he said, now having read all this, you are free as a community to discuss this, to take our very best suggestions, but likewise, free to proceed as you wish, in other words, attempt to rewrite this letter so that it doesn't appear to be an edict from on high, a Federal mandate.

My guess in the common sense way is that it is meant to do just what you are saying, as a matter of fact, really to scare the living daylight out of the local school district.

Mr. ELLIOTT. Yes.

Senator LUGAR. But let us say that it wasn't that, it was much more benign. In fact, it is an educational document and it suggests a model of the things that might occur, but says, after all, this is a free country. You really are a local school authority, and you really do have the control here and it is up to you to wrestle with these problems—money, of your conscience, of nutrition for children, managing your schools, all of these things.

What would you respond to that kind of a formulation?

Mr. ELLIOTT. I truthfully think we could probably save the postage. That is what we are doing now. That is the authority that we presently have, and I honestly think, by and large, we know that, and I think that we have dealt with this and will continue to deal with it.

I think that language in here that talks about additional funding for nutrition being written into curriculum, I think that is a plus, and I think we could spend the money that that letter is going to take to add a little more funding to that. Let us teach children what is good.

Let us work with the current existing programs, and let us look at—you know, we sell a la carte items in our lunchroom that are

no more sound as far as nutritional value than what may be in my vending machines. We are selling—I don't sell any candy at school. I don't sell any sweets or confectioneries at school. All I sell as far as snacks is an all-natural product. We sell peanuts or potato chips or cheese crackers and things. We don't sell any candy. That is my option, but we exercise that option because we are not going to sell those kinds of things that might interfere with the School Lunch Program.

I think it is how you work it with your students. If you expect them to make wise decisions in high school and you give them the tools and the information to make those wise decisions, they are going to make some appropriate choices. They are going to make some mistakes, but we all did. However, to teach them how to make choices and not give them the opportunity to make any, what have we done?

Personally, I think it is working and I don't know that we need to fix it. Without section 208, I wholeheartedly concur and I think this association as a whole will concur and support this bill and help move it any way that we can.

The CHAIRMAN. Judge Heflin?

Senator HEFLIN. You mentioned choices, and tobacco and cigarettes came up. I am a little hazy on this, but it seems to me that in Alabama, there is a law that prohibits the sale of tobacco products to a minor. The choice element there, if I am correct on that—do you know whether there is such a law?

Mr. ELLIOTT. Yes, Sir. Tobacco products cannot be sold in the State of Alabama to anyone under 18 years of age, and I would tell you very simply, if the Surgeon General tells me that Coca-Cola causes cancer, I will take them out tomorrow.

Senator HEFLIN. You mentioned this model where you get the money back from the soft drink people. Is there a formula or some sort of certain percentage of sales that goes to the school? How does that work?

Mr. ELLIOTT. Senator, I will give you those specific percentages, but there may be principals in the State that didn't negotiate as good a deal as I did.

Forty-eight percent of every dollar expended on beverages in the school goes back into my student activities program. For every 50 cents, 23 cents of that goes into that program.

Senator HEFLIN. How much does that produce for your school a year?

Mr. ELLIOTT. That, plus some products from a company that produces potato chips and other snacks, and we even get a better percentage of that than 48, we get about 60 percent margin on snack products, the past 2 years, an average of \$25,000 a year.

Senator HEFLIN. And you have indicated you bought seven computers with it?

Mr. ELLIOTT. I bought 15 computers this year, 486 models updating some old 8088 processors, because we put in a program where each of our students will complete one semester of computer keyboarding and literacy before they graduate from high school. I had to have an additional computer lab in order to serve the number of students. There is no funding for that through any other equation that I can come up with.

If we continue doing what we are doing with vending next year, I will complete that process and have two complete labs, one networked and one not networked, where we can meet the needs of those students.

We also have the only hand bell choir in a high school in the State of Alabama, and one octave of hand bells costs \$12,000. However, I don't want to deprive my students of that opportunity, so we have to make money to use those on a lease-purchase every year, and those are the things that we are doing.

I can give my students a minimal education without these types of funds, but I can't give them the cultural opportunities, I can't have the type music program that I have, I can't help fund activities for these students to go to, museums and other places, if it is not for these specific revenues, unless somebody who wants to eliminate vending can come up with a source of revenue. We would be happy to accept that revenue, but we hate to give up the Programs.

Senator HEFLIN. Food for young people, I'm not sure whether I know all about nutrition, but they have a propensity to go to fast food places where there are French fries, and my doctor tells me not to eat French fries. They even tell me to limit my eating of hamburgers and some other types of things, particularly if they are cooked in certain types of vegetable oils.

Are all of our school lunch programs free of foods that would hurt you?

Mr. ELLIOTT. I would tell you, Senator, that if French fries are going to hurt you, my students are in trouble. If hamburgers are going to hurt you, we are probably a little in trouble there.

We serve five different choices every day. We serve a full-course meal with certain meats and vegetables, we serve sandwiches, we serve French fries, we serve salads, we serve things where there are healthy choices. I think the things that we serve otherwise, we prepare them as best we can to limit fat and sodium contents, but I wouldn't tell you that they are all healthy.

Some lady said a few minutes ago that maybe we should return to the way it used to be. Well, we didn't have a la cart lines and we only had one choice. Students today, their eating habits are so drastically different from what they used to be that unless you give them choices, you are not going to feed any of them. Unless you can feed them the types of things that they are used to eating, to some extent, as healthy as possible, you are not going to feed them.

I have an old friend that I used to go to his school in Marietta, Georgia, and every time I walked in, all of his students were eating and there was very little plate waste. Now you can give them a lot of things and they will throw it in the garbage can. Yet, in this particular elementary school in Georgia, most every kid ate every day.

I said, Mr. Joe, how do you do it? He said, I give something they can hold in their hand every day, because they hate to use a fork.

[Laughter.]

Mr. ELLIOTT. This was an elementary school, and some kind of sandwich, as healthy as possible—and he met the requirements, but he gave those students something they could, if they choose, hold in their hand to eat every day.

I think these are the kinds of things we have to look at to improve lunchroom programs. Taking out vending machines is not going to improve lunchroom programs. We have to meet the needs of children and meet the expectations of parents. We can do this with your bill without 208.

Dr. STULTS. Senator Heflin, if I might add to that, as a nutritionist, I was asked to be here because I have conducted research on children's beverage consumption patterns, including soft drinks. I think the point that Mr. Elliott just made is very important. Children's eating habits begin very early, and their training in good, sound nutrition choices needs to begin very early.

We find that by the time they are in high school, they have already formed perceptions of the various qualities of foods. Students perceive soft drinks as a refreshment item and consume them that way. That is how the industry encourages their use.

With reference to your question about the balance of the School Lunch Program, I want to commend the USDA for the amendment to this bill because I think it addresses issues that are very important about balancing school lunch and substantiating with nutritional guidelines, and I certainly do support that.

But I think that soft drinks are a refreshment. They are not intended to be a nutrition medium or a provider of nutrients. I have found, at least in my work, that they are not perceived that way. They are perceived as a fun beverage, a source of liquid, a source of water in the diet.

The CHAIRMAN. Mr. Elliott, do you have any problem with having the vending machines open only after lunch?

Mr. ELLIOTT. The only problem with that is that we run kind of a schedule where we do a lot of different things at different times of the day. I have students who practice in athletic competition and band practice at 7 o'clock in the morning. Between the time they do that and the time they go to class, I would like the opportunity to allow them to pick up a Gatorade or a Powerade or a fruit juice or something, and we serve all of these in vending machines. We don't specifically deal with carbonated beverages.

The CHAIRMAN. But when the school bell rings for the first class, do you have any problem with stopping the sales from then until after school lunch is served? Do you have a problem with that?

Mr. ELLIOTT. I would—well, I don't think we need it, but when you start talking about the lesser of evils somewhere down the line—my vending program is not going to interfere with my lunch program, under any circumstances.

I think what we have now, basically 30 minutes before the serving of first lunch—and if you do that, you are really talking about, in most places, an hour before lunch, because that is the end of one period and they are all in class for the hour or for 50 minutes, so we are only talking about an hour time frame, pretty much, from the time school starts until the time we turn them off anyway.

So, why go to all the trouble to put in all the excess language and send out all the letters when what we have currently works and we can still meet the needs of a very diverse population without harming them nutritionally.

The CHAIRMAN. But you would also agree that if there is going to be a mandate, you would prefer it to be a local mandate, not a Federal mandate?

Mr. ELLIOTT. I would, and I would also prefer there be nothing in print from the Federal Government that indicates to someone that they don't have a choice.

The CHAIRMAN. Of course, it is through Federal tax dollars that a good hunk of the \$25 million in school lunches are paid for each day. Therefore, Federal taxpayers have at least some interest in the way this is handled. You and I and all of us here are taxpayers and this suggests that we all have an interest.

I would like to ask Mr. Davis about one of the Coca-Cola memos. I am not referring to the memo of February 28 which opposed the whole act. I am referring to the memo which refers to USDA-approved competitive foods such as soft drinks.

Are you aware that soft drinks have ever had this USDA-approved application, or is that Coca-Cola memo in error?

Mr. DAVIS. Senator, as I understand it, I think that we are talking about is semantics here. Soft drinks are specifically mentioned in the USDA competitive food regulations under the category of foods of minimal nutritional value. They are listed specifically, identified as soda water in Appendix B of those regulations. I don't think—

The CHAIRMAN. They are not marked as USDA approved.

Mr. DAVIS. They are not an approved food—

The CHAIRMAN. Thank you.

Mr. DAVIS. —for sale in direct competition with the School Lunch Program in the cafeteria during those hours. That is absolutely correct. I don't think there was an attempt to convey that there. I think what they were talking about is that they have been specifically identified in the competitive food rules.

The CHAIRMAN. We will put it in the record and let people determine for themselves what the intention of this memo was.¹⁰

I do not think that you need to be a lawyer to understand the intent of these regulations. Contrary to the implication of the Coca-Cola memo, USDA regulations list soda drinks as competitive foods of minimal nutritional value. Thus, they cannot be approved for sale in the cafeteria during lunch service.

Because this memo will be a part of the record, I wanted to make sure that this was very clear. I do not want anyone to leave here believing that USDA has approved junk foods.

Mr. DAVIS. We certainly, as an industry, have never suggested that.

The CHAIRMAN. Thank you.

The CHAIRMAN. I appreciate you all being here.

Mr. Elliott, I might say that you have one of the most difficult jobs in America. I mean that seriously. I don't mean that in any other way. I think anybody who has to deal in education today, at a time when school funding issues put on ballots just about anywhere in the country face, at the very least, an uphill battle, and more and more just knocked down, where school principals and teachers are told to take care of all the problems and failures of

¹⁰ See Appendix II, pages 162 through 166.

society, and incidentally, while you are at it, make sure that these children know basic math and science and reading and history and geography and so on and so forth. I think it is almost impossible.

I might suggest that, although this has nothing to do with this hearing, the parents in this country ought to look themselves in the mirror and ask just how much of what we are asking the school authorities and principals and all to do might we be doing ourselves. Maybe we ought to turn the TV sets off now and then and tell them to do some homework. Maybe we ought to encourage them to actually learn, and that there may be a correlation to getting a job later on.

Maybe some of the areas of discipline might well be handled at the parental level, without requiring the teachers to spend their time on everything from discipline to social graces and so on and let them teach children something so that when they walk out of there, they can read, write, carry on a job interview, or go on to further school if they want.

I think that you are given a near impossible job, with societal demands and not enough money to do it.

Mr. ELLIOTT. I appreciate that, and I will tell you that it gets to be a little bit easier when you have in 25 years and you can retire at any time.

[Laughter.]

Mr. ELLIOTT. I tell my students—

The CHAIRMAN. We get a chance to do that every 6 years up here.

[Laughter.]

Mr. ELLIOTT. I tell my students, I have done this for 25 years for very selfish reasons, because if they can't pay Social Security, I can't draw any.

[Laughter.]

Mr. ELLIOTT. So, we are trying to produce some citizens that can go out and make positive choices. Let us give them the opportunity to do so.

I appreciate your letting us be here today.

The CHAIRMAN. Thank you very much. Thank you, Dr. Stults and Mr. Davis.

We will take a 2-minute recess and then go to the next panel.

[Recess.]

The CHAIRMAN. I have worn down the Senate panel. We have with us Ms. Lisa Hodgson—I am sorry.

Ms. HODGSON. That is all right.

The CHAIRMAN. I know your name—and I know you—and I apologize for mispronouncing it. Ms. Hodgson is a nutrition educator and training specialist, Vermont Department of Health in Burlington, Vermont.

We also have Dr. Rachel Johnson, who is representing the American Dietetic Association, from the University of Vermont Nutrition Department in Burlington, Vermont. I mentioned Burlington, because I will be there on Saturday for graduation, which will be an

enjoyable time. In fact, my daughter will be graduating from the University of Vermont on Saturday.

Also with us is Dr. Ronald Kleinman representing the American Academy of Pediatrics. Dr. Kleinman is also the former Chair of the Nutrition Committee of the American Academy of Pediatrics.

Dr. Kleinman, I understood that you know our friend and former president of the academy, Dr. Richard Knokowicz. Dr. Knokowicz has testified before this committee more times than he would probably want to think about.

I thank you all for being here, and I will set this up going in the order we have down here, starting with Dr. Kleinman, followed by Dr. Johnson and Ms. Hodgson.

Dr. Kleinman?

STATEMENT OF RONALD E. KLEINMAN, M.D., F.A.A.P., FORMER CHAIR OF THE NUTRITION COMMITTEE OF THE AMERICAN ACADEMY OF PEDIATRICS, REPRESENTING THE AMERICAN ACADEMY OF PEDIATRICS, WASHINGTON, DC.

Dr. KLEINMAN. Good afternoon, Senator Leahy. My name is Ron Kleinman, and I am testifying today on behalf of the American Academy of Pediatrics, an association of over 47,000 pediatricians in the United States who are dedicated to promoting the health and well-being of infants, children, and adolescents.

I practice pediatrics, conduct research, and teach at the Massachusetts General Hospital in Boston, and as you mentioned, I am the immediate past chairman of the American Academy's Committee on Nutrition.

Mr. Chairman, on behalf of the American Academy of Pediatrics, I would like to thank you and the other Members of the committee for the opportunity to appear before you to discuss the importance of school nutrition. As we indicated in our testimony before this committee on March 1, the Academy strongly supports the Chairman's Better Nutrition and Health for Children Act, S. 1614.

The bill will make clear improvements in the child nutrition programs and improve access to school breakfast programs, summer lunch programs, child care food programs, and meals for homeless children living in emergency shelters. In addition, the bill will make it possible to achieve full funding for the WIC Program, a long-supported Academy goal, and will increase financial support for the breastfeeding education component of WIC also.

Today, however, I would like to concentrate on the important role of nutritious school meals in a student's diet.

First, let me provide a little background on the importance of nutrition in a child's development. While healthy eating habits are important for everyone, they are vital to the growth and development of children. A varied diet, including foods from each of the major food groups, provides children with the nutrients they need to build strong bodies, grow normally, learn, play, and stay active and healthy.

Each food group makes special nutrient contributions, and each nutrient has certain jobs to do in the body. Foods from all the groups work together, and no single food group is more important than another. For good health, a child needs them all.

Many changes occur in the child's life when the child begins to attend school, and varying nutritional demands are placed on the child as he or she matures. For all children, but especially for young children, breakfast provides the energy needed to carry students through an active morning, and lunch provides fuel for the rest of the school day. Children who skip breakfast or lunch may have trouble concentrating in the classroom and during play.

During later elementary school years, the child's needs for energy and other critical nutrients increases, so greater food consumption is needed. The onset of puberty, with its associated increased growth rate, change in body composition, physical activity, and the onset of menstruation in girls, affects nutrition needs during adolescence. Increased growth rates occur in girls between 10 and 12 years of age, and in boys about 2 years later.

Based on dietary history, some adolescents have been reported to have insufficient intakes of calcium, iron, and vitamins A and C. Special situations, such as physical conditioning, and unfortunately, all too often, pregnancy, increase nutritional requirements of the teenager.

The school meals programs provide essential calories and nutrients to growing children and are especially important to those children whose families might not have enough money to provide sufficient food, let alone highly nutritious meals, at home.

In addition to providing basic nutrition for students, school meal programs have the potential to teach or reinforce good eating habits that should remain with students the rest of their lives. For many children, school meals afford the first opportunity to exercise choice about what to eat, and so it is important that healthy foods are made available.

The Chairman's bill will help schools to provide healthier selections to their students, offering meals with less sodium and sugar and more fruits, vegetables, whole grains, and low fat meat and dairy products. It is also important, however, that these healthy choices are appetizing to the children. Even the healthiest of foods is of no benefit if it doesn't make it into a child's mouth.

The American Academy of Pediatrics agrees with the American School Food Service Association that school nutrition should involve a comprehensive approach by providing nutritious food served in environments which encourage their consumption by students in combination with nutrition education in the classroom and strong administrative support.

As I said earlier, a child's diet should include a variety of foods from all food groups. Nevertheless, certain foods and beverages have higher nutritional value than others. The foods and beverages typically sold in vending machines—soft drinks, potato chips, candy bars, and the like—provide calories but have minimal nutritional value. Easy access to such foods at times and locations that place them in direct competition with school meals often tempt children to select these less-nutritious alternatives, supplanting the more nutritious foods provided through the school meals programs.

Moreover, for some students, purchasing food from vending machines will mean they have no extra money to purchase their more nutritious school lunch. Therefore, it is important for schools to keep the focus on providing nutritious meals for their students.

This is particularly important in schools where a number of the children are relying on their school meals as their main source of daily nutrients. In these schools especially, it makes sense to limit the availability of foods that are not high in nutritional value.

The Chairman's bill gives schools the leeway to limit competing foods and beverages sold in vending machines when they think it is appropriate to do so. Current Federal regulations prohibit the sale of competitive foods of minimal nutritional value in the cafeteria during lunch hour, a perfectly reasonable restriction. Beyond that, local school officials should have the flexibility to determine what is sold in their vending machines and when it may be sold.

In conclusion, it is very sad that we are approaching the year 2000 and Congress must still address the problem of hunger and malnutrition among our children. The American Academy of Pediatrics applauds the leadership of Senator Leahy, other committee Members, and other Members of Congress who are leading the fight against this malady. No child should go hungry. No child's future should be jeopardized for want of the basic nutrients needed to thrive.

The very least we can do to help each child achieve his or her full potential is to provide access to nutritionally adequate and appropriate diets. The Better Nutrition and Health for Children Act will help to achieve that goal. It is a basic, cost effect, and simple investment in our future and we urge every Member of Congress to support it in its entirety.

Thank you very much.

The CHAIRMAN. Thank you very much, Doctor.

Dr. Johnson?

**RACHEL JOHNSON Ph.D., R.D., UNIVERSITY OF VERMONT,
DEPARTMENT OF NUTRITIONAL SCIENCES, BURLINGTON,
VERMONT, REPRESENTING THE AMERICAN DIETETIC ASSO-
CIATION**

Dr. JOHNSON. Thank you, Senator Leahy, for the invitation to be here this afternoon. I am Dr. Rachel Johnson, a registered dietitian and a member of the American Dietetic Association. We are the world's largest organization of nutritional professionals and our 64,000 members serve the public through promotion of optimal nutritional health and well being. ADA appreciates this opportunity to share our views on the Nation's child nutrition programs.

ADA applauds Senator Leahy and this committee for its strong support and interest in making our Nation's child nutrition programs the very best they can be. ADA believes that S. 1614, the Better Nutrition and Health for Children Act, is a step in the right direction, as it will benefit our Nation's most valuable resource, children.

Dietitians and nutritionists who work with these child nutrition programs know that these programs improve the dietary intake and nutritional health of our Nation's children. In addition, studies by the General Accounting Office, USDA, and others have verified the enormous success of these programs. ADA believes, however, that changes need to be made to improve these programs and build upon their past successes.

For example, children must be provided with learning opportunities to make food choices that can play an important role in their health later in life. The eating habits developed in childhood last a lifetime, making nutrition education an important component of children's lives.

There are several key issues that need to be addressed with legislative action if these programs are to provide leadership in further improving the health and well-being of children. These include improved nutritional quality, using the principles of balance, variety, and moderation; increased nutrition education and training; increased access to the child nutrition programs; and reduced paperwork.

First of all, the child nutrition program meals should be required to meet the Dietary Guidelines for Americans, including those for fat and saturated fat. ADA believes that meals served to children should meet a weekly average of 30 percent of total calories from fat and 10 percent of total calories from saturated fat.

In addition, emphasis should be put on increasing the amount of fruits, vegetables and fiber, and grain products and on building healthful meals to include moderate amounts of sodium and sugar.

Research shows that school meals currently provide high amounts of these essential vitamins and minerals that are most often found lacking in children's diets. However, many school meals also contain high percentages of total fat and saturated fat, which should be reduced to levels consistent with the Dietary Guidelines.

Second, nutrition education and training geared towards making healthier food choices should be a component of all child nutrition programs. Nutrition education helps the public understand the relationship between what they eat and their future health. A 1991 Gallup Organization survey commissioned by the American Dietetic Association's Center for Nutrition and Dietetics as well as the International Food Information Council found that 95 percent of children got their information on food and nutrition from school.

For nutrition education to be truly successful, school administrators and teachers must work with nutrition professionals to jointly implement classroom-lunchroom programs. Innovative school nutrition education programs demonstrate that students increase consumption of healthful school meals when nutrition taught in the classroom is coordinated with what is served in the lunchroom. Children are not born with good eating habits; they are learned. It has been documented that without nutrition education, student participation rates drop when school meals are abruptly improved. If participation rates drop, this provides a wide open door for competitive foods.

Third, access to each of the Programs should be enhanced so that all children who need these services can benefit from them.

Paperwork must be reduced in order for school feeding programs to further improve the health and nutritional status of our Nation's children. Food service personnel could then focus more efforts on improving the nutritional quality of meals rather than complying with the heavy administrative paperwork burden.

ADA has developed specific recommendations that both Congress and USDA could implement to enhance the effectiveness, efficiency,

and nutritional quality of child nutrition programs. These recommendations include the following.

One, schools should be allowed to adopt nutrient-based menu planning or a modified USDA meal pattern for meals offered. This would allow schools to plan their menus based on the nutrient content of the meal rather than the current meal pattern method which hampers creative menu planning. For example, currently, dill pickles can be credited as a vegetable. The pie crust on an entree like a chicken pot pie can be credited as a bread, but the identical crust on a fruit cobbler cannot. ADA supports the change to allow low fat yogurt as a substitute for eggs, meat, peanut butter, or other meat alternatives.

Second, nutrition education must be expanded. The Federal Government needs to make efforts to coordinate the food offered in the lunchroom to the education offered in the classroom.

Three, the whole milk requirement for schools should be repealed. This would allow schools to choose the types of milk appropriate for their students and facilitate efforts to meet the Dietary Guidelines. Eliminating the whole milk mandate is one of the ways Congress can give child nutrition programs the flexibility they need to implement positive changes in school meal patterns.

Four, legal authority should be provided to ensure that foods competing with the child nutrition programs promote the nutritional goals of the Dietary Guidelines. Research shows that the noontime meals children select from vending machines, snack bars, and a la carte programs are inferior in nutrient content to school lunches. In general, these meals are high in fat, saturated fat, and cholesterol, and yet lack the amount of essential vitamins and minerals which are currently contained in school meals.

The sale of competitive foods in snack bars, school stores, and banks of vending machines compete with school meals for students' appetites, time, and money. Availability of competitive foods poses three major problems. It diverts income essential to the financial well-being of the school meal program, it encourages the consumption of partial meals, and it fosters the erroneous idea that school meals are only for needy children. Competitive foods create an environment that is often not consistent with sound principles of nutrition education taught in school classrooms and cafeterias.

Paperwork must be reduced for all child nutrition programs, allowing time to concentrate on improving the dietary quality of meals and nutrition education.

Lastly, we would like to direct USDA to modify specifications for commodity foods and to purchase commodities that help schools meet the Dietary Guidelines.

In addition to these recommendations, ADA is an active member of the Advocates for Better Children's Diets, or ABCD, and strongly endorses the coalition's statement of principles, which is attached to my testimony.

ADA applauds the efforts of Congress to make improvements in child nutrition programs. Children are one of our most vulnerable segments of society. They depend on their families and communities to provide a nurturing environment that will enable them to become healthy and productive adults. The improvements that Sen-

ator Leahy has proposed for the Nation's child nutrition programs will provide America's children with the healthy start they need.

We appreciate this opportunity to share our views and stand ready, as child nutrition experts, to help the committee with its work on this important issue.

Thank you.

The CHAIRMAN. Thank you.

I was glad to hear what you said about the whole milk provision. As you know, Senator Lugar has introduced legislation of that nature, and I have included the same in the Better Nutrition and Health for Children Act to allow schools to decide what type of milk they serve.

Please go ahead.

It is important that we give schools the flexibility to change our tastes and knowledge of nutrition changes. This is why we have included the milk provision and I am delighted to hear your endorsement of it.

**STATEMENT OF LISA HODGSON, NUTRITION EDUCATOR
AND TRAINING SPECIALIST, VERMONT DEPARTMENT OF
HEALTH, BURLINGTON, VERMONT**

Ms. HODGSON. My name is Lisa Hodgson. I am a registered and nutrition education and training, NET, program specialist at the Vermont Department of Health. Thank you for allowing me to testify before you today.

Senator Leahy, I would like you to know that we appreciate your efforts and those of this committee on behalf of all children. We commend you for your efforts and we applaud your current bill, the Better Nutrition and Health for Children Act. We are sympathetic to your concerns about the budget and the national debt.

We know and take heart in the fact that S. 1614 addresses nutrition education and training throughout. We are very pleased to report that the NET program engages in the very activities identified in this bill. By addressing needs identified in each State, NET coordinators, working through established delivery systems, are able to deliver nutrition education and training to not only school food service personnel and teachers, but also to parents, Head Start staffs, family day care home providers, and child care sponsors.

NET believes in integrated nutrition services for all children, by which we mean seamless nutrition education and food programs, consistent nutrition messages to all audiences, and the integration of nutrition into school and early childhood education curricula. I will describe NET activities that address these concerns throughout this testimony.

The NET program serves as a link between classroom instruction and the application of this knowledge to school cafeterias. In 1977, Congress authorized the NET program and made proper nutrition of the Nation's children a matter of highest priority. Senator Leahy, your committee continues to recognize its importance, and we thank you for that.

The current philosophy statement for NET restates this commitment. The NET program, through its local, State, and Federal partnerships, provides leadership in promoting healthy eating habits to improve the health and well-being of our Nation's children. NET

integrates mealtime and learning experiences to help children make informed food choices as part of a healthy lifestyle.

All of us know that health is related to diet. In fact, diet is estimated to account for 30 to 70 percent of cancer risk alone. The 1988 Surgeon General's Report on Nutrition and Health and the 1989 National Academy of Sciences report identify dietary factors as playing a prominent role in 5 of the 10 leading causes of death for Americans.

Further, the Surgeon General stated that chronic diseases account for more than two-thirds of all deaths in the United States and that diet can play an important role in the prevention of such conditions. To help prevent chronic diseases, the Department of Health and Human Services' "Healthy People 2000" document addresses several child care and school-based nutrition objectives that will be met largely through the efforts of NET.

A nutrition adviser in the Office of Disease Prevention and Health Promotion at the U.S. Public Health Service said recently that the educated community is getting the message of eating a "diet low in fat with plenty of fruits, vegetables, and grains," but that "underprivileged people may not even be aware of this message." She says, "Minority populations and low income groups have the highest rates of diet-related chronic conditions, such as heart disease, some cancers, and diabetes."

The school is the perfect setting for teaching students and parents about healthy diets. It is important that teaching be reinforced with healthy food choices at every opportunity and that children be exposed to consistent nutrition messages throughout the course of their school days.

NET has trained thousands of teachers, school food service personnel, and other educators and provided opportunities for children to learn about good food habits in the classroom and through the school food service. Programs throughout the country have achieved remarkably impressive accomplishments. Each State develops nutrition education projects that meet their separate and diverse needs, identified in State needs assessments and yearly State plans. Although Federal moneys have never been allocated for program evaluation, most States evaluate their projects and programs.

NET's services include coalition building, lending libraries, video production, integrated teaching teams, train-the-trainer programs, and in-service training for educators and food service personnel.

Included in my written testimony, there are several projects that the Vermont NET program is currently working on, and I will just mention a couple. One is a program that is called "Mission: Nutrition," and it is a one-man show that features a larger-than-life food guide pyramid. It was designed for elementary school children and has been featured on CNN, Vermont Educational TV, and in newspapers around the State. About 18,000, or roughly one-third of Vermont elementary school children, have seen "Mission: Nutrition."

We also have put together an eating disorders prevention package for grades 7 through 12 in the hopes of providing some quality materials for teachers for instruction in that area.

Vermont NET formed a group called the NET Coalition several years ago. Its purpose is to allow organizations with missions that are similar to that of NET to collaborate on projects and address common issues. The coalition minimizes duplication of effort and maximizes the use of limited resources.

Vermont NET is also involved in comprehensive school health, and we collaborate closely with the Department of Education on this issue. We are currently involved in constructing a comprehensive health education curriculum that features a strong nutrition education component.

In closing, I would like to say that schools form the heart of a community. School meals programs that meet the Dietary Guidelines reinforce the nutrition messages learned in the education setting and give students an opportunity to make healthy choices as learned in the classroom. NET supports schools' efforts to develop school nutrition policies which ensure the consistency and integrity of nutrition messages and education in the school community. Schools are models for communities. Educators and administrators are models for children. It is time to walk the talk.

I believe that schools invest in the future health of our country when children are given opportunities to learn through knowledge and experience how to make healthy food choices. We would like to emphasize that the NET program plays a valuable role in chronic disease prevention under the current health care reform movement. Nutrition education and adequately-nourished children are essential to Goals 2000 education reform as well. As we all know, hungry and malnourished children cannot effectively learn. NET certainly has an important role to play in advancing the nutritional health of our children and their families.

Thank you again for the opportunity to speak with you today. I would be happy to answer any questions you may have.

The CHAIRMAN. Thank you. I am very pleased with the job that NET has done in Vermont.

It was interesting to hear you explain the ways which you try to promote better nutrition. The candy and soft drink manufacturers spend somewhere between hundreds of millions to billions of dollars each year advertising their products. They promote their products at sporting events, on T-shirts, and on television. This is certainly their right, and a right which I support, but it is an interesting companion. Would it be safe to say that you do not have the same resources available to promote your nutritional programs?

Ms. HODGSON. I think it is safe to say. I think if nutrition education had more resources—if the whole area of teaching nutrition in the classroom had more resources to draw from, this whole issue of competitive foods would not be an issue, because students would be educated about the choices that they should make and then would hopefully do so.

The CHAIRMAN. When nutritionally balanced meals are competing with competitive foods—foods that have national name recognition—doesn't that advertising affect the students choices?

The reason I mention this is because I believe that when we allow this competition it creates a real problem. You mentioned that many students come from homes where good nutrition is not emphasized. For these students school is really the only place they would get nutritional education, is that correct?

Ms. HODGSON. They might very well.

The CHAIRMAN. Dr. Johnson, and this actually all connects here in a way, you talked about schools being allowed to adopt the nutrient-based menu planning. Do you have any question in your mind that an appealing menu could be done that way?

Dr. JOHNSON. No, none at all. I think it could be done very satisfactorily, and I think the key word in that recommendation is "allowed," because we know that there are some schools that currently have the technological capabilities to plan their menus on a nutrient-based, nutrient analysis type of way, and yet some of the smaller schools, particularly in Vermont, the very small rural schools simply do not have the technology at this time. So, we are also encouraging USDA to come out with a modified meal pattern that is more conducive to meeting the Dietary Guidelines than the current pattern.

The CHAIRMAN. Those schools could also work together as school systems or even at the State level, could work together in helping to develop programs, menus, and what not that could be used even at the smallest of schools with the least amount of new equipment.

Dr. JOHNSON. Correct, and currently in Vermont, I believe there are eight schools participating in what is being called the model school program, and they are working with Joe Bouchet at the Department of Education to do exactly that, to work together to develop school meals that meet the Dietary Guidelines.

The CHAIRMAN. Dr. Kleinman, your experience as a pediatrician, I just want to make sure I underscore it. As a parent, I go on the assumption that as children develop a great deal of what they are going to be as an adult.

This committee also deals with the issues surrounding pesticide use. We now have studies, including one which I helped to start, which show that exposure to pesticides and insecticides for a child is much different than for an adult. I don't think that this comes as a surprise to any of us.

Dr. Kleinman, if a child has consistently poor diet what are some of the problems that could occur?

Dr. KLEINMAN. Senator Leahy, this is an area that is under intensive investigation now. I think that over the next 5 or 10 years, we are going to learn a great deal about the antecedents of adult diseases.

I could mention one where we have already begun to accumulate some evidence, and that is heart disease. Very recently, the results of a study called the PDAY study, Pathological Determinants of Arteriosclerosis in Youth—I feel like a radio announcer saying that—

The CHAIRMAN. I was going to say, I am glad you are explaining it.

[Laughter.]

Dr. KLEINMAN. Very recently, the results of that study have been announced, and what that shows is that you can begin to see some of the early signs of accumulation of cholesterol and plaques in the vessels of the heart and elsewhere in the body beginning in the childhood years. We also know that diet can affect that progression of those very early fatty deposits in the vessels and may prevent them from becoming fibrous plaques later on.

So, one conclusion about long-term health is that if we begin to emphasize the value of a healthy diet early in childhood, we may be able to inhibit or even prevent the development of heart disease in certain people.

I think it is important, however, when we are talking, in particular, about adolescents, to emphasize the present value of a healthy diet for the adolescent. It is very hard to convince youngsters, particularly adolescents, that they should be doing something now to prevent something bad that might happen when they are my age or 60 or 70 years old. They just don't believe that. It is particularly hard to convince them of that when all the data is not in, and they come back, and they start arguing with you about some of the soft conclusions that you might be drawing.

But there are some very definite advantages to a healthy diet to the adolescent, because it is a period of very rapid growth and very intense changes. The adolescent needs to know that they may not grow to their full potential, that they may not be able to perform on the athletic field or in the academic field to their full potential, that they might not even be able to compete socially to their full level with an inadequate diet. So, I think we have to emphasize both the present and the future to this group.

The CHAIRMAN. In fact, that is the thing I would underline.

The data, which I have read, strongly suggests that poor nutrition early in life is directly linked to health problems later in life. Irregardless of this, would it be fair to say that there is a direct correlation between a proper diet in the pre-teen and teen years, and the ability to grow and learn during those years?

Is that a fair statement?

Dr. KLEINMAN. I think that is right on the mark, and I think that when we talk about soft drinks or other snack foods, in a way, we can end up tying ourselves up in arguments for a lot of afternoons if we try to decide whether water is good or bad or sugar is good or bad.

I think it is more important to keep in mind what the goal is and what the opportunity is. The goal is to optimize growth and development, and the opportunity, and particularly the opportunity for some underprivileged youngsters, is to provide as much as 50 or 60 percent of their daily requirements while they are in the school setting.

If, instead, we offer them sugar and water in place of vitamins, minerals, proteins, and all the other nutrients that they need, they

aren't going to achieve that potential and they are not going to be what they could be.

The CHAIRMAN. We ought to realize that. As I look around this room, I suspect that there is nobody in this room, myself included, who goes hungry except by choice. That is not the case with a very large percentage of this country. Ten percent of the American people are on food stamps. We have great areas of hunger in America.

Ms. Hodgson and Dr. Johnson know that in a great number of parts of my own State of Vermont, we see people who go hungry. Dr. Kleinman, I am sure you know many who do, and you have seen many in your practice who do. You could go into any town, village, or city in this country and find people who fit in that category.

We also know that in some areas, it is the majority who are undernourished, which in a way is tragic when we are in the wealthiest, most powerful Nation on earth. We have to sometimes ask ourselves what our enormous wealth and our enormous power gives us if we allow hunger to continue on such a large scale here in the United States, a country blessed more than any other in its ability to raise food. We could raise all the food necessary for our 260 million Americans and, as we know, have food left over to export around the world.

Having said all that, we have to realize, those of us who go hungry only by choice, that there are hundreds of thousands, even millions of children, who don't have that choice and will go hungry, absent the school feeding programs. Maybe that is not the way it should be, but that is a fact.

As we drop behind some other countries in our ability to educate our children, we also have to ask ourselves to what extent is that because of their health and because of their nourishment. If we are going to be competitive as a Nation with the rest of the world, if we are going to be competitive as we go into the next century, we should realize that those children we are talking about are going to live most of their lives in the next century and they are going to be far better fed.

I don't want to deny Coca-Cola or other companies the ability to make a profit in this country. Frankly, I am frustrated when I find what was terribly misleading information coming from them, initially looking as though it was designed to scuttle this whole nutrition bill. They are not going to have anybody giving them their huge corporate profits, their billions of dollars of corporate profits, if we don't have a healthy America. We are not going to be able to afford anything except health care costs if we don't raise healthier Americans, and that means those that are fed better and fed in the better way.

I think that maybe, maybe some of those who are so concerned that junk foods may be displaced by nutritional foods in school

ought to just step back and think not of just this year's corporate balance sheet but think of America's balance sheet for decades to come.

Before adjourning, I would like to insert into the record a letter from the National Association of Elementary School Principals stating its support for S. 1614.¹¹

The CHAIRMAN. We will stand in recess. Thank you.

[Whereupon, at 5:06 p.m., the committee adjourned, subject to the call of the Chair.]

¹¹ See Appendix II, page 161.

A P P E N D I X I I

PREPARED STATEMENTS

Maynard "Chip" Baldwin

Good Afternoon. My name is Maynard Baldwin, Jr., or "Chip" as I am better known. I am president of the Vermont PTA and also a member of the National PTA Board of Directors. I have been involved as an advocate for children in the PTA in Vermont for the past 16 years. My wife, Cindy, and I have 5 children ranging in age from 14 to 5, and we also have an assortment of farm animals.

In addition to my volunteer work for the PTA, I am the Principal of the Hartland Elementary School in Hartland, Vermont. My school has 463 students in grades K-8. I have served on the Carnegie Middle Level Task Force and The Act 266 Commission: birth to 72 months, in combined efforts with the Vermont Department of Education and the Vermont Agency of Human Services. I am also a member of the National Association of Elementary School Principals and other professional organizations. In brief, I am deeply committed to placing the needs of children first.

I want to thank you, Senator Leahy, and the other Members of this committee, for the opportunity to testify today. We are very appreciative of your past and continued support for the Federal child nutrition programs, which affect millions of children in this Nation every day.

The Vermont PTA strongly supports the National PTA's Legislative Directive on child nutrition programs, which calls, in part, for legislation to "sustain, improve and expand Federal child nutrition programs." We also fully support the National PTA's views on S. 1614, your legislation to reauthorize these programs. In fact I ask that the National PTA statement, which provides background information on the organization's views on child nutrition, and its recommendations for specific changes to S. 1614, be submitted as part of the record of this hearing.¹²

I will not restate the recommendations for S. 1614 that are outlined in the written statement. Instead I would like to address a specific provision in the bill—section 208, "Clarification of Authority to Ban Junk Foods." In my view, this provision has created contentious debate that is unnecessary. I am concerned, however, that the controversy will overshadow the positive changes the bill is attempting to effect.

Section 208 simply clarifies the status quo and clears up any confusion schools might have about their ability, and their right, to make their own decisions, at the local level, about what foods they want to make available in their schools. Currently, Federal law places only one restriction on the sale of foods outside of the School Lunch Program. That restriction prohibits the sale of foods that are of "minimal nutritional value" in the cafeteria during lunch hours. That is it. Beyond that, schools may do what they deem appropriate. In some instances, vending machines with soda and other snack foods may be placed immediately outside the entrance

¹² See page 138.

to the cafeteria, and they might be operated all day long. Some schools may sell nutritious drinks and/or snacks any time during the school day. Other schools may decide they do not want to have vending machines at all. Schools always have been able to decide their own policy about this, and they should continue to be allowed to do so.

Opponents argue that, if section 208 simply clarifies current law, there is no need for the language. We believe section 208 is needed in S. 1614 to restate Federal policy for schools that may be unclear about current law, and to let schools know that they can decide to implement policies beyond the minimal Federal restriction if they wish. Further, the part of section 208, which requires USDA to develop model language for State agencies and school food authorities that "bans the sale of competitive foods of minimal nutritional value anywhere on school grounds before the end of the last lunch period," is new.

We believe this is an issue fundamentally related to nutrition. Our PTA policies "encourage PTAs at, all organizational levels, to monitor the quality of meals served and other foods available (emphasis added) in schools in order to ensure the best nutrition for our Nation's young people and to develop good habits that will contribute to a lifetime of good nutrition." While our current PTA position speaks to monitoring the nutritional quality of foods served in the schools, we also stand firmly in support of strong nutritional guidelines. Therefore, the next step of restricting the sale of foods with "minimal nutritional value anywhere on school grounds before the end of the last lunch period" makes sense. This does not ban such foods from schools, but limits when such items may be available to the students. Schools should evaluate whether their practices related to the sale of competitive foods promote the best nutrition for children and base their decisions on this information.

Still, equally important is our concern that all Federal legislation concerned with education and child welfare include provisions which *ensure maximum State and local control*. Child nutrition, not profits or corporate interests, is the issue at hand. Allowing the school community, which includes parents, teachers, administrators and citizens in the neighborhood, to make decisions about how they want to improve nutrition, is the proper policy to pursue.

I would be happy to answer any questions you had about my statement. Thank you very much for the opportunity to testify today.



The Vermont PTA

The Vermont Congress of Parents and Teachers at its 82nd Annual Conference discussed and supported unanimously S.1614 "Better Nutrition and Health For Children Act" as introduced by Senator Patrick Leahy, D-VT. The Vermont PTA was surprised to be informed of the opposition to Senator Leahy's bill in regard to allowing schools to prevent the sale of junk foods. Vermonters have had a long standing tradition of exercising its right of local control of issues that have a direct bearing on its schools.

The Vermont PTA supports the Vermont State Board of Education's School Nutrition Policy Statement that all school boards in Vermont adopt a School Nutrition Policy which contains the following elements:

- *Recognition that the school food service program is an integral part of the school environment

- *Food service guidelines which promote the implementation of the Dietary Guidelines for Americans, and encourage healthy choices

- *Establishment of participation by all students in the food service programs in such a way that promotes applications for free and reduced price meals and doesn't stigmatize students who receive those benefits

- *Establishment of greater collaboration between the cafeteria and the classroom including nutrition education for adults and students

- *Professional development for food service staff

- *Parent, Student and community involvement

- *Standards for the environment in which food is served, including sufficient meal time.

The Vermont PTA supports the Vermont State Board of Education's further recommendations that:

*Certain foods which contribute little other than calories should not be sold on school campuses.

*Snack foods which are available at times other than meal times should be of good nutritional quality.

*Food offered for sale as money making projects for schools should also be of good nutritional quality.

The Vermont PTA concurs with the position of The American Dietetic Association: "Competitive foods in schools" that the sale of individual food items in snack bars, school stores, and banks of vending machines competes with school meals for students' appetites, time, and money. Availability of competitive foods poses three major problems: it diverts income essential to the financial well-being of the school meal program; it encourages the consumption of partial meals, and; it fosters the erroneous idea that school meals are only for needy children.

In conclusion, The Vermont PTA supports S.1614, including Section 208, in its current language that allows schools, at their option, to go beyond the Federal requirements and ban the sale of junk food and soft drinks anywhere on school grounds during the school day.

Maynard F. Baldwin, Jr.
President

Carol M. Meiki

Good Afternoon Senator Leahy, and Members of the Senate Agriculture, Nutrition, and Forestry Committee. My name is Carol Meiki. I am employed by the Chicago Public Schools, Department of Food Services, as the food service supervisor for the south-half of the city's public high school cafeterias, by job title, I am the High School District Food Service Supervisor for District 11-South. In that capacity, I am responsible for the operation of 37 large high school cafeteria in the performance of meal service, breakfast and lunch to an audience of 52,250 enrolled student/adolescents.

My credentials are: a B.S. in Foods and Nutrition, Mundele College in Chicago, dietetics credentials from Chicago's Cook County Hospital and a master's degree in education and public school administration from the University of Illinois. Now that you know me, I would like to personally thank Senator Leahy, and this entire committee, for your "outstanding dedication and commitment to child nutrition programs!"; and for the opportunity to testify today on an issue that is very dear to my heart.

As a legislative delegate for the Illinois School Food Service Association, and testifying in behalf of the ASFSA's 65,000 membership across the United States, my invitation here to Washington, DC. was based upon a letter I sent to the Senator on May 2, 1994, regarding his stand against Coca-Cola, and the carbonated beverage industry. I strongly support that stand, as a health care professional, and in the interests of the adolescent population of our schools today.

For several years, Chicago public schools has upheld the motto:

"Our Children . . . Our Future!"

I believe this to be the cornerstone of why I am here today. I believe that the nutritional benefits we offer to our children today—can, and will, make a difference in what you and I, as taxpayers, spend in future years for health care costs.

My professional recommendation to Senator Leahy, and this committee, is to legislate to ban the sale of carbonated beverages to students, high and elementary, on/ or in school building premises during the "entire school day."

The availability of these products anywhere in . . . around or on school grounds, interferes with their daily consumption of nutritious school breakfast and lunches.

My statistics, from Chicago, will prove that my personal experiences daily with 37 local food service managers, fighting to "entice students" into our cafeterias, bears testimony to this cause.

The statistics sheet labeled "*at-a-glance*," in your packet, includes some of this information:

- Of 104,547 secondary students enrolled in the high school section, about 52,250 are available to be fed within my area of responsibility. (It may amaze each of you to know that since these adolescents have "*freedom of choice*," only 2,222, on the average, eat daily breakfast in my section).
- Approximately, only 16,500 eat daily lunch. When, in fact, 40-50 percent of the total numbers are eligible for free meals as part of the entire program.

[Would not this make you wonder why . . . so few choose to eat free meals at school?]

Everyday, my staff sees why . . .

- Children, adolescents in particular, prefer snack items—like carbonated beverages, salty snack and chip-type items, cakes, cookies and sweet treats. If the choices are there, anyone of my staff will tell you how many make these choices over a nutritious breakfast and/or lunch!
- At most, recent count, Friday, May 13—I did a bit of a poll in my 37 schools—managers discovered 166 vending machines; 136 were carbonated beverage machines; 30 were other snack; or what USDA calls "competitive foods"

Honestly, I must admit, I too, like an occasional "pig out" of chips and diet pop—it is quick, simple, easy and certainly filling. [But, . . . are we about the business of convenience and disregard for the health and nutritional well-being of our children—the future of our country?]

. . . To me, it seems most apparent, that we are NOT!!

Schools should have an obligation for the education, health and welfare of the "total child."

Students who do not participate in the free, reduced or paid school meal programs do not, because in many, many instances they are already filled with carbonated beverages, sweets and salty snacks that they buy out in the halls, or bring into the buildings early in the morning. I see it! My staff sees it—DAILY!!!

Current legislation restricts the sale of carbonated beverages during meal serving times only. Further, there has not been, to date, any financial penalties imposed, other than a documented "Non-Compliance" by State or Federal regulatory agencies during audits of our programs.

Moneys from the sale of carbonated beverages do not accrue to the nonprofit school food service account; rather they are used, (out of necessity, I must add) by school administrators to fund music, athletics and field trips. In my letter to the Senator, and Members of this committee, I said some fiery, but true things, of which, I said and repeat . . .

Of course, Coke, is in—and so is every other carbonated beverage, when within arm's reach of the school cafeteria—typically stands today's adolescent version of the "one-armed bandit"—the "pop" machine.

[What normal child or adolescent, if given the choice, would choose milk or pure fruit juice over canned pop?]

Do we not, as educators, have a responsibility, and as food service professionals, to uphold the original intention of the 1946 School Lunch Act . . . "to protect the health and welfare of the children of our country . . . and encourage the consumption of surplus agricultural commodities?" I can, and so can each one of my food service staff, make and offer a nutritious snack product, using the donated commodities so generously given to the schools by the USDA. Is the carbonated beverage industry using the donated prunes, figs and raisins to produce a nutritious product—I think not.

Truly, policies should be legislated to return to the original intent of the law, when school feeding programs were established to improve the nutritional status of our men going to war to defend our great country. I am here today to ask Senator Leahy and this committee to:

- legislate carbonated beverages out of our Nation's schools,

- to impose financial penalties for non-compliance to these policies,
- to impose those penalties NOT on the school food services, who (by the way, receive none of the revenues from the sale of these drinks);

But . . .

- to charge the educational programs, who are our program regs., beyond our controls.

In closing, I would like to leave each of you with a few statistics and positive thoughts.

A few years back, a food service manager, who has since retired, called my office on a Friday to report that on this the first week that a "pop machine" was installed in the school building, she lost \$700.00, over 5 regular school days, in moneys otherwise spent on school meals, and nutritious snacks. I would like each of you to seriously consider the following concepts:

- Schools should be legally prohibited to engage in any aspect of food sales and leave that business to myself, and the other 65,000 members of the A.S.F.S.A. specially trained for that purpose.
- As professionals, food service personnel are licensed by city, State, and local sanitation codes, to operate food services under safe, sanitary conditions to ensure the public health and safety of the children and faculty we serve.
- Bake sales, festivals, fiestas, and other food events should only be offered under, and through, the auspices of the school food operations.
- Legislation should be written to control and protect——

"Our Children . . . Our Future . . . in this regard!"

Educators should concentrate solely on the business of education. Their programs should be sufficiently funded, so that they do not have to rely on Coca-Cola and/or other carbonated beverages or competitive food sales to raise funds to operate the educational programs to which our young people are entitled. Carbonated beverage sales over the last 3 years have contributed heavily to the loss of some 100 jobs within my area of 37 school cafeterias. They have helped substantially to decrease student meal participation and shift students' use of allowance moneys to the vending machines.

[Please know, that as a dedicated group of food service employees, working in one of the lowest-paid professions, my staff would not be employed today, were it not for their dedication to the health, and nutritional well-being of their own children, and the public school children in the city of Chicago. [Emphasis added.]

Marilyn Hurt

Mr. Chairman, Members of the committee, I am Marilyn Hurt, the legislative chair of the 65,000-member American School Food Service Association. I am also the director of Child Nutrition in La Crosse, Wisconsin.

Mr. Chairman, the American School Food Service Association testified before this Committee on March 1, commenting on a broad range of issues. Since that time, the 1995 Congressional Budget Resolution has brought the pending issues into a sharper focus. The House Education and Labor Committee will mark-up child nutrition legislation this Wednesday, May 18. It is my understanding that this committee will rank-up child nutrition legislation June 8. Our legislative priorities for the 1994 Child Nutrition Reauthorization Act, given the constraints of the Budget Resolution, are as follows:

1) We would like to amend section 11(a) of the National School Lunch Act to allow all schools the option of serving lunch and breakfast to students without charge, provided they could do so without any additional Federal funding. Many schools throughout the country with a high percentage of free and reduced price meals believe that they could serve 100 percent of the students if they did not have to incur the administrative expenses associated with the current application and personal income documentation procedures.

2) Reinventing school meal pilot demonstrations are a high priority for our Association. H.R. 11, the Universal Student Nutrition Act, has over 40 cosponsors in the House and has been endorsed by over 30 organizations. We believe that a significant

demonstration project is justified. We would appreciate this committee authorizing such a product. We recognize that the funding for such a project would then depend upon money being appropriated by the Appropriation Committees.

3) We strongly support the negotiated rulemaking requirement included in H.R. 8, as reported by the House Subcommittee on Elementary, Secondary and Vocational Education. The soon-to-be-unveiled school nutrition dietary guideline regulations are extremely important and quite complicated. Vice President Gore's Report of the National Performance Review has spoken favorably about the Negotiated Rulemaking Act of 1990. We believe the provisions of the Act should be used in the context of the school nutrition dietary guideline regulations.

4) We continue to strongly support Senator Lugar's legislation, S. 88, which would delete the requirement that schools sell specific types of milk.

5) We support finding for the School Breakfast Program startup and expansion, consistent with the finds provided in the Budget Resolution.

6) We support reauthorization of the Nutrition Education and Training Program consistent with the Budget Resolution.

7) We also support reauthorization of the National School Food Service Management Institute at an appropriation consistent with the Budget Resolution.

8) Last, Mr. Chairman, but certainly not least, we strongly support section 208 of your legislation, S. 1614 with regard to competitive foods. Indeed, if we had our first choice, we would like to see the provision go further. We recommend legislation that requires the Secretary of Agriculture to establish USDA regulations governing the sale of foods of minimal nutritional value everywhere on school grounds from the beginning of the school day until the end of the last lunch period. We support section 208, however, as a good faith attempt to protect the nutritional integrity of the National School Lunch Program.

Also, the USDA School Nutrition Dietary Assessment Study showed that school lunch participants received one-third of the Recommended Dietary Allowances (RDA), while non-participants consumed as low as 20 percent of the RDAs. ASFSA supports a congressionally mandated study that would require USDA to undertake a comprehensive study on the effect of for-profit competing food sales in schools. The purpose of the study would be to determine both the nutritional and financial impact of competitive food sales.

Mr. Chairman, I would be happy to answer any questions that you or the other Members of the committee may have. Thank you very much for the opportunity to be with you today.

Jodi Boyce

Mr. Chairman, my name is Jodi Boyce. I'm 16 years old and a junior at Union High School LaPorte City, Iowa. I am here representing Kids Against Junk Food, a children's nutrition advocacy organization based in Washington, DC. Thank you for inviting me to testify before the Senate Agriculture Committee.

There are many reasons why I am here to talk about this bill. One of the greatest reasons is concern about the health of members of my generation. I watch my friends and strangers fall into unhealthy eating habits at school, which are encouraged by the presence of vending machines containing junk food. Even though students may not see the effect of a poor diet now, those effects can start at a young age. The Red Cross was at my school last week, and found that 39 percent of the seniors had high cholesterol. What we do now also affects us in the future, and unhealthy diets promote diseases like diabetes, heart disease, and cancer. I want my generation to have a future of health, not one of sickness.

It's hard to fight the influence of a society filled with fast foods, sugary snacks, and other unhealthy foods. Students often eat products like these from my school vending machines as a replacement for nutritious meals. This Snickers bar has 280 calories—43 percent of those calories come from fat, and 41 percent come from sugar. This trail mix, which I consider to be one of the healthiest choices in my school's vending machine, still has 10 grams of fat. These sodas have caffeine, especially the Mountain Dew and Pepsi, and are consumed regularly by students at my school. Students clearly have a wide variety of junk food to choose from.

Just one vending machine at my school contains the following products: regular potato chips, barbecue potato chips, sour cream and onion chips, corn chips, white cheddar cheese popcorn, bugles, pretzels, Little Debbie Nutty Bars, Grandma's Chocolate Chip Cookies, Reese's Peanut Butter Cups, Peanut Nut Rolls, Twizzlers,

Skittles, beef sticks, salted peanuts, brownies, Mini-Muffins, and Zingers—and candy bars including Twix, Hershey's, Mound's, Kit-Kat, 100,000 Dollar Bars, O'Henry, Zagnut, Mr. Goodbar, and Heath Sensations. That machine is located right in the cafeteria.

The soda pop machine has Pepsi, Diet Pepsi, Mountain Dew, Orange Slice, and root beer. It's located right outside the cafeteria. These foods can cause tooth decay and lead to health problems later in life. By having vending machines filled with unhealthy foods available during the school day, schools are promoting improper nutrition. Although these machines are turned off during the lunch hour, many students—before school, between classes, or during study halls—eat these junk foods instead of a nutritious school lunch.

The current law bans the sale of foods of minimal nutritional value in the cafeteria during the lunch period. I feel that the definition of banned foods should be expanded to include foods with too much fat, saturated fat, cholesterol, sodium, and added sugar. In addition, the law should ban these food from the time school starts in the morning until after the lunch period, and should apply to the entire school, not just the cafeteria. Changing the law in this way would help ensure that children are eating a healthy school lunch instead of junk food and that schools are not actively encouraging us to eat junk food.

My generation is faced with difficult problems such as AIDS and violence. However, I feel that nutrition also poses a great challenge. Good nutrition is very important to function properly and keep healthy, yet we continue to downplay its importance. Schools may argue that if this bill passes they will lose money for valuable school programs. This argument is not valid. There are better ways for schools to fund extra programs. For example, schools should be offered incentives to provide healthier foods. Vending machines with unhealthy food choices could be replaced by machines with healthy choices, such as yogurt, fruit, bagels, apple sauce, and other items. Soda machines could also be replaced with juice machines. In my school, juice machines are available, yet soda is still the more popular choice. This is because juice is 10 cents more than soda.

This may not seem like a lot, but to an average high school student, 10 cents can make all the difference. I feel that juice should be available at the same or a lower price than soda. We need your help in resisting the temptation to turn toward junk food. School is our foundation for growth and should be a positive environment for our health, not a place that promotes poor nutrition. This bill will not take care of eating habits outside of school, but considering how much time we spend at school, hopefully some of these positive eating habits can carry through at other times.

Passing this bill is one step Congress can take toward ensuring a healthy future for our country's children. The real question to be considered here today is which is more important—children's health or the profits of junk food companies like Coca-Cola. Thank you for giving me the opportunity to address this important issue.

James R. Elliott

Mr. Chairman, Members of this distinguished committee, I am James R. Elliott, principal of Thompson High School in Alabaster, Alabama. Thank you for the privilege of testifying before you and representing my 42,000 colleagues who belong to the National Association of Secondary School Principals.

NASSP is the largest school leadership organization in the United States, consisting of middle level and high school principals and assistant principals. Additionally, NASSP proudly administers the National Honor Society and National Junior Honor Society, the National Association of Student Councils, and the National Association of Student Activity Advisors. All told, these organizations represent more than 750,000 school leaders, student advisors, and students.

Let me begin by commending you, Mr. Chairman, and the entire committee for your longstanding commitment to the National School Lunch and Breakfast Programs, the WIC Program, and the Special Milk Program. These are vital Federal investments in our children's nutritional well being, which directly influences their ability and opportunity to learn. We all believe strongly that it is virtually impossible for students to maximize their learning potential when they are either hungry or nutritionally deprived. After all, the distraction of hunger interferes with the learning process. We believe that because the super power status of the United States is as reliant upon the well being of our children and youth as it is on our military, this Senate Agricultural Committee's deliberation on child nutrition is of paramount importance.

Thus, we continue to advocate the expansion of the Federal investment in child nutrition to ensure a nutritious meal for every child. We are fully aware of the obstacles to such an investment, not the least of which are the arcane budgetary rules that make changing our national priorities almost impossible. Nevertheless, NASSP will continue to urge a universal child feeding program that is clearly in the national interest.

I would like to elaborate on one provision of S. 1614 that deeply concerns us section 208, "Clarification of Authority to Ban Junk Foods." As you know, NASSP has been an active participant since 1978 in the ongoing debate on competitive foods in our schools. We strongly support the competitive foods rule as it is currently written. Our members across the country strictly adhere to the rule by prohibiting the sale of foods of "minimal nutritional value" during their lunch periods.

Section 208 is objectionable because it encroaches on the local control of our schools. It empowers the United States Department of Agriculture (USDA) to encourage State agencies and schools to place greater restrictions on competitive foods. The ensuing letters/communiques that USDA would be required to send to school principals and State officials are not necessary; and depending on their tone and message, will intimidate principals who, in many cases, already question the helpful role of the Federal Government in education. School principals and officials are fully aware of their right to adopt policies more stringent than current law. Eight States have policies that prohibit or are more stringent than the Federal rule on competitive foods. They include Arizona, Connecticut, Iowa, Kentucky, Louisiana, New York, Texas, and West Virginia. Additionally, five major school districts have adopted similar, more restrictive policies, including Cincinnati, Dade County, New York City, Philadelphia and Washington, DC.

In fact, at the local level, a recent survey conducted by NASSP indicates that 14 percent of those surveyed have a policy completely prohibiting the sale of competitive food on their campus. This is a policy these administrators have every right to implement, but it should not be mandated by the Federal Government nor should the "heavy hand" of the USDA be used to intimidate the local administrators into further restrictions on, or banning of their vending machines.

Also in our recent survey, 92 percent of the respondents stated that local officials should maintain their decisionmaking authority regarding what foods are made available in their vending machines and a la carte lines. We believe that public schools are and must remain consensus institutions with the bulk of their policies rightfully controlled by locally elected school board members and school officials sensitive to their communities' mores, values, and interests. If parents wish to restrict the availability of competitive foods to their children, they have every right to demand that change. However, that decision must remain theirs. The Federal Government, however well-meaning, is best left out of such decisions.

My earlier remarks about our hope to that more financial resources will be invested in the well being of children brings me to our next concern about section 208. As you know, schools and school districts in every State continue to experience financial exigencies. School budgets are tight and, in too many cases, are shrinking at a time when demands for world class student achievement are at an all time high. Principals' access to discretionary resources are extremely limited, but one source that has been quite consistent for more than a decade is the revenue from the vending machines. Paradoxically, if S. 1614 is enacted with section 208 intact, the net result as we understand it will not be greater resources for the School Lunch and Breakfast Programs, but, instead, will likely result in significant cuts in the discretionary resources available to our principals and students. The amount of resources we are talking about is not insignificant. Our survey indicates that schools with 1,000-1,500 students average \$15,000 a year in vending revenues. Eighty percent of those surveyed indicate that these moneys are invested in student activities and instructional materials that would not otherwise be possible.

In those schools that choose to have vending machines, their resources are *vital* to the culture of the school. These revenues fully or partially fund such important activities as providing college scholarships to disadvantaged students; financing National Honor Society Chapter activities; providing international exchange opportunities to students; covering the cost of field trips; assisting in the cost of student council and student government projects; defraying the costs of the production of school newspapers; paying for guest speakers; contributing to the Special Olympics; financing teacher recognition programs; providing seed money for other fund raising activities; financing music and art groups; covering the costs of the athletic program for gymnastics, and intramural competition; covering the cost of the school yearbook; financing trips to Washington, DC., through the Close Up Foundation and the presidential Classroom; financing Students Against Drunk Driving (SADD) projects;

covering costs of the senior prom; and purchasing textbooks, computers, and other instructional materials.

This is but a short list of examples of the important cultural activities financed by vending machine revenues. We welcome suggestions of how we could finance these important projects from those who would advocate banning vending machines from our schools. To be sure, these moneys would not be available from increased Federal investments in our schools, nor would it be reasonable to expect local taxpayers to institute a local property surtax to ensure that necessary resources for the above-mentioned activities are available.

The National Association of Secondary School Principals urges this distinguished committee to strike section 208 entirely, thus ensuring the regulations concerning competitive foods remain as currently written. We look forward, then, to the expeditious passage of this important legislation. Once again, Mr. Chairman, thank you for your continued leadership on behalf of the Nation's youth and for your strong leadership in ensuring that all children are provided opportunities for nutritious breakfasts and lunches.

Drew M. Davis

Good afternoon, I am Drew Davis, vice president, Federal Affairs, for the National Soft Drink Association. NSDA is the major trade association representing the soft drink industry in the United States. Our members include bottlers, distributors, franchise companies and suppliers from every State.

Mr. Chairman, we sincerely appreciate the opportunity to appear before the committee this afternoon to express our opposition to section 208 of S. 1614, the "Better Nutrition and Health for Children Act of 1993." We commend the Chairman for his efforts to expand the scope of the Federal school breakfast and lunch programs and we wish to make very clear that our presence here today is solely related to our opposition to section 208 and not to any other provisions of S. 1614.

The soft drink industry has a long-standing record of support for organizations promoting better nutritional opportunities for children and students, but the National Soft Drink Association (NSDA) is categorically opposed to section 208 of S. 1614. Our opposition is based on our conviction that no credible evidence exists to warrant a change in the statutory and regulatory landscape governing the issue of foods sold in competition with the school breakfast and lunch programs.

Specifically, our objection to this section is based on the following facts and beliefs:

- 1) There is no evidence that the current laws and regulations regarding the sales of competitive foods, like soft drinks, aren't working.
- 2) NSDA believes that decisions regarding the sale of competitive foods in secondary schools should originate and be made at the local level without the coercive encouragement or mandate of the Federal Government.
- 3) There is no evidence that the consumption of soft drinks in secondary schools is inconsistent with sound nutrition science.
- 4) There is no evidence that the sale of competitive foods in secondary schools contributes to lower participation levels in the School Lunch Program.

The history of the debate about the sale of foods in competition with the School Lunch Program extends as far back as 1946. It was not, however, until 1970 that the law was amended to give the Secretary of Agriculture authority to regulate competitive food sales. In 1972, the Congress amended the competitive food provision by prohibiting the Secretary from regulating against the sale of competitive foods if the benefits of such sales accrued to a school or an approved student organization. In 1977, Congress amended the Child Nutrition Act to include a provision requiring the Secretary to approve the types of foods that could be sold in competition with school meals in food service facilities or areas during the time of food service. After a lengthy study and comment period, USDA under the Carter administration, issued final regulations on January 29, 1980, implementing this change.

The new regulations prohibited schools from selling certain categories of foods (defined as being of minimal nutritional value) anywhere in the school from the beginning of the school day until the end of the last lunch period. Except for soda water (soft drinks), the new regulations did not substantially alter the types of competitive foods that were being sold by most schools. On May 1, 1980, the National Soft Drink Association (NSDA) filed suit against the Secretary claiming that the USDA competitive food regulation was arbitrary, capricious, and constituted an abuse of

discretion [*NSDA v. Bergland*, 493 F. Supp. 488 (D.D.C. 1980)]. NSDA also contended that the regulations exceeded the 1977 statute by applying restrictions from the beginning of the school day until after the last lunch period. On November 15, 1983, the U.S. Court of Appeals for the District of Columbia Circuit agreed with NSDA that the Secretary had exceeded his rulemaking authority with regard to the "time and place" restrictions in the regulations [*NSDA v. Block*, 721 F. 2d. 1348 (D.C. Cir. 1983)].

On March 13, 1984, USDA issued revised competitive food regulations in conformance with the Appeals Court ruling. The regulations maintained the prohibition on sales of minimally nutritious foods, but limited the time and place of the prohibition to the immediate time and area of meal service. In effect, the change permitted the sale of foods of any kind at any time in areas away from the cafeteria, and in, or near, the cafeteria at any time during the school day when meals are not being served. As before, four State agencies and local school officials may impose additional restrictions on the sale of and income from all foods sold at any time throughout schools participating in the School Lunch Program.

NSDA believes that the status quo regarding competitive food regulations is working and is in no need of change. Previous attempts to expand the authority of USDA over competitive foods have been rejected by the Congress. While those attempts could be viewed as direct frontal assaults on the current status quo regarding competitive foods, section 208 is, in our opinion, an attempt to implement change via the back door. Section 208 of S. 1614 is not merely a "clarification" of existing authority with regard to competitive foods, but instead, an effort to require USDA to implement a policy intended to restrict access to and discourage the consumption of foods such as soft drinks, based on personal nutrition opinions rather than sound dietary science. This section not only requires USDA to develop regulations informing State and local school officials of their authority to exceed existing USDA regulations regarding competitive foods, but also requires USDA to develop model language to be used by State and local school officials to further restrict the sale of foods like soft drinks. Even though that decision is ultimately left in the hands of local school officials, we believe that such an action on the part of USDA will have a coercive impact on local school authorities. We strongly oppose any effort by the Congress or any Federal agency to implement a policy intended to discourage the consumption of foods like soft drinks. Personal nutrition beliefs are no substitute for sound scientific evidence as a basis for changing Federal law.

To the best of our knowledge, soft drinks are not sold in elementary and grade schools other than in a few vending machines in teachers lounges. They are, however, sold in secondary schools which allow vending machines. In those schools, bottlers routinely enter into profit-sharing agreements with the local school officials. While the bottlers share of those profits is insignificant in terms of his/her business, that is not the case for school officials, as evidenced by the opposition of the National Association of Secondary School Principals to section 208. These vending machines have timers or locks on them that turn the machines off 30 minutes prior to the first lunch period, and they remain off until the end of the last lunch period. The decision to allow soft drink vending machines is made by local school officials, often in consultation with the Parent Teachers Association and student government organizations. NSDA believes that local school officials, parents and teenage students do not need the unsolicited intervention of the U.S. Department of Agriculture (USDA) to make decisions with regard to what foods and beverages to consume during the course of the school day. After all, if secondary school age students (14-18) are considered by the States responsible enough to obtain drivers licenses and register to vote, and responsible enough to register for the draft (male), we question the need for "Big Brother" in the form of USDA injecting itself in their decisions when it comes to refreshment.

There is no evidence to suggest that the sale and consumption of soft drinks in secondary schools is inconsistent with sound nutrition science. Those who argue that there are "good foods" and "bad foods" fall into the mental trap of not recognizing that the term "nutritious" can be properly applied only to diets, or combinations of foods consumed over time in a sequence of meals, and not to the individual foods. Humans need to consume at least 2 liters of liquid per day and both USDA and the Food and Drug Administration (FDA) have a 2,000 to 2,500 calorie per day reference standard in their Nutrition Labeling and Education Act (NLEA) regulations. To suggest that the consumption of soft drinks is inconsistent with sound nutrition science is to advance a misguided notion of proper nutrition that is not supported by any credible scientific evidence.

NSDA believes participation levels in the Federal school lunch program at any one school are directly linked to the types of food available, method of preparation, and quality of the meal rather than the presence of competitive foods, such as soft

drinks. In the absence of any credible evidence linking the sales of competitive foods with the participation levels in school lunch programs, NSDA maintains that proponents of section 208 should ask students and local school officials where the problems associated with the School Lunch Program are. We seriously doubt the blame will be placed on the presence of competitive foods.

Mr. Chairman, soft drink bottlers are among the most generous individual and corporate citizens when it comes to supporting our Nation's public schools. Bottlers routinely contribute products, services, and money to their local schools. These contributions support athletic tournaments, homework hot-lines, campus improvement programs, back to school programs, teacher in service programs, average daily attendance programs, honor roll programs, "Say No to Drugs" programs, academic decathlon programs, TAAS testing programs, stay in school programs, night school projects, scholarship fundraisers, proms, recycling programs, "student of the week" programs, "Partners in Education" programs, film libraries and assembly programs. In addition, bottlers donate clocks for classrooms, scoreboards, school calendars, concession equipment, ice makers, schedule cards, T-shirts, bikes, menu boards, physical education videos, "Why go to College" videos, and software for college availability. Such contributions average in excess of \$100,000 per year per bottler. To suggest that our industry's opposition to section 208 is predicated on the pursuit of profits demonstrates a misunderstanding of the relationships between soft drink bottlers and local schools.

We again thank the Chairman and Members of the committee for the opportunity to present our views on section 208 of S. 1614, and we would welcome any questions regarding our position.

Thank you, Mr. Chairman.

Ronald E. Kleinman

Good morning, Mr. Chairman, and Members of the committee. My name is Ronald Kleinman and I am testifying today on behalf of the American Academy of Pediatrics, an association of over 47,000 pediatricians in the United States who are dedicated to promoting the health and well-being of infants, children and adolescents. I practice and teach at Massachusetts General Hospital in Boston and am the immediate past-Chairman of the Academy's Committee on Nutrition.

Mr. Chairman, on behalf of the American Academy of Pediatrics, I would like to thank you and the other Members of the committee for the opportunity to appear before you to discuss the importance of school nutrition. As we indicated in our testimony before this committee on March 1, the Academy strongly supports the Chairman's "Better Nutrition and Health for Children Act," (S. 1614). The bill will make clear improvements in the child nutrition programs and improve access to school breakfast programs, summer lunch programs, child care food programs, and meals for homeless children living in emergency shelters. In addition, the bill will make it possible to achieve full funding for the WIC program—a long-supported Academy goal—and will increase financial support for the breast-feeding education component of WIC.

Today, however, I would like to concentrate on the important role of nutritious school meals in a student's diet.

Importance of Nutrition to a Child

First, let me provide a little background on the importance of nutrition in a child's development. While healthy eating habits are important for everyone, they are vital to the growth and development of children. A varied diet, including foods from each of the major food groups, provides children with the nutrients they need to build strong bodies, grow normally, learn, play, and stay active and healthy. Each food group makes special nutrient contributions and each nutrient has certain jobs to do in the body. Foods from all the groups work together, and no single food group is more important than another. For good health, a child needs them all.

Many changes occur in the child's life when the child begins to attend school, and varying nutritional demands are placed on the child as he or she matures. For all children, but especially for young children, breakfast provides the energy needed to carry students through an active morning, and lunch provides fuel for the rest of the school day. Children who skip breakfast or lunch may have trouble concentrating in the classroom and during play. During the later elementary school years, the child's need for energy increases, so greater food consumption is needed. The onset of puberty—with its associated increased growth rate, change in body composition, physical activity, and onset of menstruation in girls—affects nutrition needs during

adolescence. Increased growth rates occur in girls between 10 and 12 years, and in boys about 2 years later. Based on dietary histories, some adolescents have been reported to have insufficient intakes of calcium, iron, and vitamins A and C. Special situations, such as physical conditioning and pregnancy, increase nutritional requirements of the teenager.

The Impact of School Meals

The school meals programs provide essential calories and nutrients to growing children, and are especially important to those children whose families might not have enough money to provide sufficient food—let alone highly nutritious meals—at home.

In addition to providing basic nutrition for students, school meal programs have the potential to teach or reinforce good eating habits that should remain with students the rest of their lives. For many children, school meals afford the first opportunity to exercise choice about what to eat, and so it is important that healthy foods are made available. The Chairman's bill will help schools to provide healthier selections to their students—offering meals with less sodium and sugar, and more fruits, vegetables, whole grains, and low-fat meat and dairy products. It is also important, however, that these healthy choices are appetizing to the children; even the healthiest of foods is of no benefit if it doesn't make it into a child's mouth.

The American Academy of Pediatrics agrees with the American School Food Service Association that school nutrition should involve a comprehensive approach by providing nutritious food, served in environments which encourage their consumption by students, in combination with nutrition education in the classroom, and strong administrative support.

As I said earlier, a child's diet should include a variety of foods from all food groups. Nevertheless, certain foods and beverages have higher nutritional value than others. The foods and beverages typically sold in vending machines—soft drinks, potato chip, candy bars, and the like—provide calories, but have minimal nutritional value. Easy access to such foods, at times and locations that place them in direct competition with school meals, might tempt children to select these less nutritious alternatives, supplanting the more nutritious foods provided through the school meals programs. Moreover, for some students, purchasing food from vending machines will mean they have no extra money to purchase their more nutritious school lunch. Therefore, it is important for schools to keep the focus on providing nutritious meals for their students. This is particularly important in schools where a number of the children are relying on their school meals as their main source of daily nutrients. In these schools especially, it makes sense to limit the availability of foods that are not high in nutritional value.

The Chairman's bill gives schools the leeway to limit competing foods and beverages sold in vending machines when they think it is appropriate to do so. Current Federal regulations prohibit the sale of "competitive foods of minimal nutritional value" in the cafeteria during lunch hours, a perfectly reasonable restriction. Beyond that, local school officials should have the flexibility to determine what is sold in their vending machines and when it may be sold. Some schools may deem it perfectly acceptable to sell all types of snack foods throughout the day, while others may ban such foods altogether. The American Academy of Pediatrics fully supports the provision in the Chairman's bill to clarify that schools retain this flexibility.

In addition, the Academy applauds the bill's provisions to provide grants to help schools integrate nutrition education into the health education curriculum, so that classroom education and cafeteria selections can mutually reinforce proper eating habits.

Conclusion

It is very sad that we are approaching the year 2000 and Congress must still address the problem of hunger and malnutrition among our children. The American Academy of Pediatrics applauds the leadership of Senator Leahy, other Committee Members and other Members of Congress who are leading the fight against this malady.

No child should go hungry. No child's future should be jeopardized for want of the basic nutrients needed to thrive. The very least we can do to help each child achieve his or her full potential is to provide access to nutritionally adequate and appropriate diets. The "Better Nutrition and Health for Children Act" will help to achieve that goal. It is a basic, cost-effective, and simple investment in our future and we urge every Member of Congress to support it in its entirety.

Rachel Johnson

Good afternoon, Mr. Chairman, and Members of the committee. I am Dr. Rachel Johnson, a registered dietitian and member of The American Dietetic Association (ADA), the world's largest organization of nutrition professionals. Our 64,000 members serve the public through the promotion of optimal nutrition, health and well being. ADA appreciates the opportunity to share our views on the Nation's child nutrition programs.

ADA applauds Senator Leahy and this committee for its strong support and interest in making our Nation's child nutrition programs the best they can be. ADA believes that S. 1614, the "Better Nutrition and Health for Children Act," is a step in the right direction as it will benefit our Nation's most valuable resource, children.

The United States Department of Agriculture's (USDA) child nutrition programs have done well in meeting the established goal of improving the health and well being of their participants by providing food to their targeted populations. The National School Lunch Program serves about 25 million lunches every day, the Child and Adult Care Food Program serves over 117 million meals every month and the Women, Infants and Children Special Supplemental Feeding Program (WIC) serves 5.9 million participants monthly. In Vermont, 4 out of 10 infants born are "WIC" babies.

Dietitians and nutritionists who work with these child nutrition programs know that these programs improve the dietary intake and nutritional health of the Nation's children. In addition, studies by the General Accounting Office (GAO), USDA and others have verified the enormous success of these programs. ADA believes however, that changes could be made to improve these programs and build upon their past successes. For example, children must be provided with learning opportunities to make food choices that can play an important role in their health later in life. The eating habits developed in childhood can last a lifetime, making nutrition education an important component in children's lives.

Recommendations for Change

There are several key issues that must be addressed with legislative action if these programs are to provide leadership in further improving the health and well being of children:

- Improved nutritional quality using the principles of balance, variety and moderation
- Increased nutrition education and training
- Increased access to the child nutrition programs
- Reduced paperwork

First of all, the Child Nutrition Program meals should be required to meet the Dietary Guidelines for Americans, including those for fat and saturated fat. ADA believes that meals served to children should meet a weekly average of 30 percent of total calories from fat and 10 percent of total calories from saturated fat. In addition, emphasis should be put on increasing the amount of fruits, vegetables, fiber and grain products and on building healthful meals to include moderate amounts of sodium and sugar. Research shows that school meals currently provide high amounts of the important vitamins and minerals most often found lacking in children's diets. However, many school meals also contain high percentages of total fat and saturated fat, which should be reduced to levels consistent with the Dietary Guidelines. ADA believes that school food service programs should model healthy eating habits. This enables children to link the nutrition education they receive in the classroom with healthful food choices in the school cafeteria and allows the cafeteria to become a highly effective learning laboratory for children.

Second, nutrition education and training, geared to making healthier food choices, should be a component of all child nutrition programs. Nutrition education helps the public understand the relationship between what they eat and their future health. Food consumption choices are usually shaped early in life, and schools should be a primary source for nutrition education from kindergarten onwards. A 1991 Gallup Organization survey commissioned by The American Dietetic Association's Center for Nutrition and Dietetics, and the International Food Information Council found that 95 percent of children got their information on food and nutrition from school.

School food service personnel, administrators and child care staffers must have the information and training necessary to provide good tasting, appealing foods that meet the Dietary Guidelines for Americans. For nutrition education to be truly successful, school administrators and teachers must work with nutrition professionals to jointly implement classroom-lunchroom programs. Innovative school nutrition

education programs demonstrate that students increase consumption of healthful school meals when nutrition taught in the classroom is coordinated with what is served in the lunchroom. Children are not born with good eating habits; they are learned. It has been documented that without nutrition education, student participation rates drop when school meals are abruptly improved. If participation rates drop, this provides a wide open door for competitive foods.

Third, access to each of the programs should be enhanced so that all children who need these services can benefit from them. Barriers faced by schools and other participating entities often make it difficult for them to participate in some of the child nutrition programs. These obstacles, such as lack of startup funds and equipment, and excessive paperwork, must be addressed. Last of all, paperwork must be reduced in order for school feeding programs to further improve the health and nutritional status of the Nation's children. We recommend the creation of one "seamless" child nutrition program which combines the School Lunch Program, School Breakfast Program, Special Milk Program and the Summer Food Program into one comprehensive, administratively streamlined school nutrition program. This "seamless" program would require one agreement with USDA, establish consistent reimbursement rates, require consistent meal patterns, use one income eligibility criteria and allow all meals to be provided with the "offer versus serve" option. Food service personnel could then focus more efforts on improving the nutritional quality of meals rather than complying with a heavy administrative paperwork burden.

ADA has developed specific recommendations that both Congress and USDA could implement to enhance the effectiveness, efficiency and nutritional quality of the child nutrition programs. ADA's recommendations include:

1. Schools should be allowed to adopt nutrient based menu planning or a modified USDA meal pattern for meals offered. This would allow schools to plan their menus based on the nutrient content of the meal rather than the current meal pattern method which hampers creative menu planning. For example, dill pickles can be credited as a vegetable, the pie crust on an entree (such as chicken pot pie) can be credited as a bread, but the same crust on a fruit cobbler cannot. ADA supports the change to allow low-fat yogurt as a substitute for eggs, meat, peanut butter or other meat alternatives.

2. Nutrition education must be expanded. The Federal Government must make efforts to coordinate the food offered in the lunchroom to the education in the classroom in order to help our Nation's children and adolescents develop healthful eating patterns.

3. The whole milk requirement for schools should be repealed. This would allow schools to choose the type(s) of milk appropriate for their students and facilitate efforts to meet the Dietary Guidelines. Eliminating the whole milk mandate is one of the ways Congress can give child nutrition programs the flexibility they need to implement positive changes in school meal patterns.

4. Legal authority should be provided to ensure that foods competing with the child nutrition programs promote the nutritional goals of the Dietary Guidelines. Research shows that the noontime meals children select from vending machines, snack bars and a la carte programs are inferior in nutrient content than school lunches. In general, these meals are high in fat, saturated fat and cholesterol, and lack the amount of essential vitamins and minerals contained in school meals. The sale of competitive foods in snack bars, school stores and banks of vending machines competes with school meals for student's appetites, time and money. Availability of competitive foods poses three major problems: 1) it diverts income essential to the financial well being of the school meal program, 2) it encourages the consumption of partial meals and 3) it fosters the erroneous idea that school meals are only for needy children. Competitive foods create an environment that often is not consistent with sound principles of nutrition education taught in school classrooms and cafeterias.

5. Paperwork must be reduced for all child nutrition programs. One way to do this is by allowing income eligibility data to be shared between the different programs. School nutrition directors and child care program directors need relief from their burden of paperwork. This will allow them time to concentrate on improving the dietary quality of meals and providing nutrition education.

6. Direct USDA to modify specifications for commodities and to purchase commodities that help schools meet Dietary Guidelines.

7. Consolidate all the child nutrition commodity programs into a single program. This change would improve the operational and financial efficiency of the Commodity Distribution Program.

In addition to these recommendations, ADA is an active member of the Advocates for Better Children's Diets (ABCD) and strongly endorses the Coalition's Statement of Principles (See attachment)¹³.

Conclusion

In summary, ADA applauds the efforts of Congress to make improvements in the child nutrition programs. It is critical for children to learn good lifelong eating habits. Children are one of the most vulnerable segments of society. They depend on their families and communities to provide a nurturing environment that will enable them to become healthy and productive adults. The improvements that Senator Leahy has proposed for the Nation's child nutrition programs will provide America's children with the healthy start they need.

We appreciate the opportunity to share our views and stand ready as child nutrition experts to help the committee with its work on this important issue.

Lisa Hodgson

My name is Lisa Hodgson. I am a registered dietitian and Nutrition Education and Training (NET) Program Specialist at the Vermont Department of Health.

Senator Leahy, Members of the committee, ladies and gentlemen, I want you to know, first, that we appreciate your efforts on behalf of all children and adults. We commend you for your efforts, and we applaud your current bill, *Better Nutrition and Health for Children*. We are sympathetic to your concerns about the budget and national debt.

We note and take heart in the fact that Senate bill 1614 addresses nutrition education and training throughout. We are very pleased to report that the NET Program engages in the very activities identified in this bill. By addressing needs identified in each State, NET Coordinators, working through established delivery systems, are able to deliver nutrition education and training to not only school food service personnel and teachers but also to parents, Head Start staffs, family day care home providers, and child care sponsors. NET believes in integrated nutrition services for all children, by which we mean seamless nutrition education and food programs, consistent nutrition messages to all audiences and the integration of nutrition into school and early childhood education curricula. I will describe NET activities that address these concerns throughout this testimony.

The Nutrition Education and Training (NET) Program serves as a link between classroom instruction and the application of this knowledge in school cafeterias. From the White House Conference on Nutrition 25 years ago, policymakers learned that a lack of nutrition knowledge can contribute to a child's rejection of nutritious foods. This conference identified the need to create opportunities for children to learn about the importance of good nutrition in their daily lives and how nutrition principles are applied in the school cafeteria. In 1977, Congress authorized the NET Program and made proper nutrition of the Nation's children a matter of highest priority. Your committee continues to recognize its importance and we thank you for that. The current philosophy statement for NET restates this commitment. The Nutrition and Education Training Program (NET), through its local, State, and Federal partnerships, provides leadership in promoting healthy eating habits to improve the health and well-being of our Nation's children. NET integrates mealtime and learning experiences to help children make informed food choices as part of a healthy lifestyle.

All of us know that health is related to diet. In fact, diet is estimated to account for 30-70 percent of cancer risk alone. The 1988 *Surgeon General's Report to the Nation on Nutrition and Health* and the 1989 *National Academy of Sciences Report* identified 19 dietary factors as playing a prominent role in 5 of the 10 leading causes of death for Americans: coronary heart disease, some forms of cancer, stroke, diabetes mellitus, and atherosclerosis. Further, the surgeon general stated chronic diseases account for more than two-thirds of all deaths in the United States, and that diet can play an important role in the prevention of such conditions. To help prevent chronic diseases, the Department of Health and Human Services *Healthy People 2000* document addresses several child care and school based nutrition objectives that will be met largely through the efforts of NET.

A nutrition adviser in the Office of Disease Prevention and Health Promotion at the U.S. Public Health Service said recently that the educated community is getting

¹³ Retained in Committee files.

the message of eating a "diet low in fat with plenty of fruits, vegetables, and grains" but that "underprivileged people may not even be aware of this message." She says, "Minority populations and low-income groups have the highest rates of diet related, chronic conditions such as heart disease, some cancers, and diabetes." The school is the perfect setting for teaching students and parents about healthy diets. It is important that the teaching be reinforced with healthy food choices at every opportunity and that children are exposed to consistent nutrition messages throughout the course of their school days.

As Senator Leahy stated when he introduced his bill, "School meals programs should set the right example for proper eating habits." In fact, the Child Nutrition Programs' regulations and guidance are the closest thing we have to a national nutrition policy for children. It is the NET program that provides nutrition education and food service management training which assists school meals and nutrition programs to implement the *Dietary Guidelines*.

NET has trained thousands of teachers, school food service personnel, and other educators, and provided opportunities for children to learn about good food habits in the classroom and through the school food service. Programs throughout the country have achieved remarkably impressive accomplishments. Each State develops nutrition education projects that meet their separate and diverse needs, identified in State needs assessments and yearly State plans. Although Federal moneys have never been allocated to conduct a program evaluation, most States evaluate their projects and programs. NET's services include coalition building, lending libraries, video production, integrated teaching teams, train-the-trainer programs and in-service training for educators and food service personnel. NET services also include programs for children with eating disorders, children with disabilities and special nutritional needs, pregnant teens, and student athletes. NET forms partnerships to promote SBP, SLP, Summer Food, CACFP as well.

Now I would like to offer a perspective of what the NET Program has accomplished in Vermont. Although Vermont is a minimum grant State, we are able to accomplish a great deal through collaborative partnerships with Child Nutrition Programs, the Vermont Campaign to End Childhood Hunger, the UVM Extension System, AHA, Vermont Affiliated Community Action Agencies and the American Cancer Association, Vermont Division.

In Vermont, a 10-week nutrition education curriculum was developed by NET nutritionists to be used with children at Summer Food program sites in conjunction with weekly Farmers' Markets. (Last summer over 700 nutrition education contacts were made through this program.) A number of organizations were involved in this project. Two local supermarkets donated fresh produce for use in nutrition classes. Displays, recipes and taste samples were featured at the Farmers' Markets throughout the summer.

A unique Vermont project is "Mission: Nutrition," which was spear-headed and closely supervised by NET and several other organizations. *Mission: Nutrition* is a one-man show featuring a larger-than-life Food Guide Pyramid. It was designed for elementary school children and has been featured on CNN, Vermont Educational TV and in newspapers across the State. Follow up instructional packets are sent to schools that feature *Mission: Nutrition* to give teachers lessons and activities to use to further teach students about the nutrition concepts presented in *Mission: Nutrition*. Results from a program evaluation demonstrated childrens' nutrition knowledge increased after exposure to *Mission: Nutrition*. At last count, about 18,000 or one-third of Vermont's elementary school children, have seen *Mission: Nutrition*. Vermont NET, in conjunction with the Vermont Eating Disorders Awareness Committee, has compiled a directory for professionals entitled *Treatment Services for Eating Disorders*. This directory has been distributed to hundreds of professionals. In addition, an *Eating Disorders Prevention Package* for grades 7-12 was created to address the need for quality teaching materials around this issue. It is available for loan at seven resource centers statewide and is currently being evaluated.

In an effort to reinforce the message of the "National 5-A-Day for Better Health" initiative sponsored by produce for Better Health and the National Cancer Institute, Vermont NET worked with other professionals to develop and produce a "5-A-Day" whole school nutrition program for grades K-6. This program integrates the "5-A-Day" message into all subjects, such as math, science, history and includes partnering schools with grocery stores that supply fresh produce for use in the classroom. The pilot project in several schools was evaluated and demonstrated students' nutrition knowledge, and consumption of fruits and vegetables increased as a result of this program. A how-to-manual and training for schools interested in this project, entitled "Show the Way to 5-A-Day," will be available statewide in the fall of 1994. Vermont NET formed a group called the "NET Coalition" several years ago. Its purpose is to allow organizations with missions similar to that of NET to collaborate

on projects and address common issues. One recent coalition activity has been providing training for teachers and SFS personnel on Implementation of the Dietary Guidelines. The coalition minimizes duplication of effort and maximizes the use of limited resources.

We have recently published two residence directories for child care providers and early childhood educators. A needs assessment identified the demand for these resources, which will help users choose and acquire appropriate nutrition education resources. The manuals also promote participation in the child and adult care food Program.

Vermont NET has become very much involved in comprehensive school health and collaborates closely with the Department of Education on this issue. The State of Vermont mandates that nutrition concepts be taught at all grade levels as part of comprehensive health education. I currently sit on the Comprehensive Health Education Advisory Council, which is involved in constructing a comprehensive health education curriculum.

NET involvement in comprehensive school health is critical with Federal initiatives directing the establishment of school based clinics and other projects providing health care in schools. NET nutritionists can provide expertise in integrating nutrition education and services into school based programs.

In order for nutrition to be an integrated part of the school curriculum, it must be included in comprehensive health education and other related subject areas. The school environment, including the cafeteria, must then reinforce issues taught in nutrition education classes and students must be able to make healthy food choices to practice skills learned in the classroom. Vermont NET has been a strong voice in support of including nutrition education in CHE.

NET Programs across the country share resources and programs. NET also collaborates with industry to develop and disseminate materials. An example of this is the National 5-A-Day initiative which I mentioned earlier. "Produce for Better Health" and the NCI have made highly professional materials available, for purchase to State level 5-A-Day campaigns. As you can imagine, today's students require high-quality materials which match their level of sophistication. Each State needs materials which cover a wide variety of topic areas. We then use these to create "instructional programming for teachers, SFS personnel and parents on the relationships between nutrition and health," as you state in your bill. Increased resources are needed in each State to enable the modification, reproduction and distribution of quality materials.

To put program funding in a historical perspective, the original NET appropriation was approximately 50 cents a child (in 1977 dollars). Fifty cents a child would represent \$25 million today, versus \$10 million projected for 1995, which is the same amount as last year. The demand for nutrition education and services has certainly increased since 1977! In an effort to maximize; the effectiveness of NET, our national association would like you to consider revising section 19 of the Child Nutrition Act of 1966. Please see the attachments in the written testimony for specific revision requests. I would like to work with you in the future to ensure increased and consistent NET funding. I would also like to see incentives built into program funding to encourage collaboration between the public and private sector, to integrate nutrition education in all child nutrition programs, school health programs and all Federal food and nutrition programs.

Schools form the heart of a community. School meals programs that meet the *Dietary Guidelines For American's* reinforce the nutrition messages learned in the education setting and give students an opportunity to make healthy choices as learned in the classroom. NET supports schools' efforts to develop school nutrition policies which insure the consistency and integrity of nutrition messages and education in the school community. Schools are models for communities. Educators and administrators are models for children. We need to "walk and talk!"

I believe that schools invest in the future health of our country when children are given opportunities to learn, through knowledge and experience, how to make healthy food choices. We would like to emphasize that the NET Program plays a valuable role in chronic disease prevention under the current Health Care Reform movement. We work to ensure that all children have access to day care and school meals programs. As we know, hungry and malnourished children cannot effectively learn. NET's efforts enhance children's preparation for daily success in school. NET certainly has an important role to play in advancing the nutritional health of our children and their families.

Thank you for the opportunity to speak to you and this committee today. I would be happy to answer any questions you may have.

POSITION STATEMENTS

The Center for Science in the Public Interest (CSPI)

The Center for Science in the Public Interest (CSPI), submits this statement regarding the nutritional quality of the Child Nutrition Programs. We respectfully request that this statement be made part of the record for the May 16, 1994 hearing on S. 1614, the Better Nutrition and Health for Children Act of 1993.

CSPI is a nonprofit health advocacy organization that has been concerned about diet and health for more than 20 years. We are supported by more than 750,000 health-conscious members nationwide. We are especially concerned about the foods children eat because those diets affect health both in childhood and in adulthood. In broad outline, the average child eats a diet that is too high in fat, saturated fat, cholesterol, sodium, and sugar, and one with not nearly enough vegetables, whole grains, and fruit. That kind of diet is a prescription for obesity, tooth decay, diabetes, stroke, heart disease, and cancer, which are epidemic in the United States.

We are seeing a rise in unhealthy, diet related conditions in today's children and adolescents. For example, the prevalence of obesity has soared. According to Dr. William Dietz, a pediatrician at the Tufts University School of Medicine who specializes in childhood nutrition, 1 child in every 5 is obese. In addition, a report by the National Cholesterol Education Program states that American children and adolescents have higher blood cholesterol levels than their counterparts in many other countries.

The child nutrition programs play a vital role in providing food to children. While providing sufficient calories is important, it is not enough. We must address the nutritional quality of these programs.

Congress should require meals served through the Child Nutrition Programs to meet National dietary recommendations. The National School Lunch Program, as well as all of the Child Nutrition Programs, is an opportunity both to feed children an excellent diet and to promote sensible, lifelong eating habits. A few schools avail themselves of that opportunity and deserve applause. They provide nutrition education, healthy meals, and a pleasant cafeteria environment.

On the other hand, as survey after survey by the United States Department of Agriculture (USDA) demonstrates, the average school lunch is high in fat, saturated fat, and sodium. USDA's October 1993 School Nutrition Dietary Assessment Study demonstrated that only 1 percent of 545 schools served meals that contained 30 percent or less calories from fat. Only one school met the 10-percent-saturated fat guideline.

While school meals admirably fulfill their goal of providing an assortment of vitamins and minerals, they fail miserably in encouraging diets that are consistent with USDA's own "Dietary Guidelines for Americans" and the recommendations of the National Academy of Sciences and other health authorities.

USDA and schools must do better. We urge Congress to pass legislation requiring USDA to issue regulations limiting the average fat, saturated fat, sodium, and cholesterol content of school breakfasts and lunches. In addition, Congress should require that the meals contain more fiber by increasing the servings of whole grain products, fruits, and vegetables.

Finally, Congress should direct USDA to determine whether the level of sugar in school meals, especially breakfasts, poses a problem.

Congress should require foods that compete with the school meal programs to meet nutritional Standards. Congress needs to recognize that the school meal programs are under assault by fast food chains, vending machines, and snack bars. The regulation that limits the sale of junk foods in schools is pathetically weak. It only bars the sale of four types of food—soft drinks, hard candy, chewing gum, and ice pops—in the cafeteria during mealtimes. Those foods can be sold right outside the cafeteria at any time. Candy bars, potato chips, and other foods that are high in fat, sodium, and sugar can be sold anywhere at any time.

The sale of soft drinks is an increasing problem in schools. Devoid of nutritional value, regular soft drinks contain heavy doses of sugar (usually 9–10 teaspoons of refined sugar per 12-ounce can) and calories. Diet soft drinks contain artificial sweeteners which may pose safety problems. In addition, most soda contains artificial colorings and flavorings.

Many also contain caffeine, a stimulant that can cause nervousness, jitteriness, and insomnia. Because of the difference in body weight, the amount of caffeine in a 12-ounce soft drink has about the same impact on a child as the caffeine in a 6-ounce cup of coffee has on an adult. A study at the National Institute of Mental Health showed that 8- to 13-year-old boys who normally did not consume caffeine

experience restlessness, nervousness, nausea, and insomnia after consuming the caffeine equivalent of either two or seven cans of soft drinks [*Developmental Pharmacology* 3:74, 1981]. Caffeine can also promote stomach-acid secretion (possibly increasing symptoms of peptic ulcers), temporarily raise blood pressure, and dilate some blood vessels while constricting others.

Soft drinks are an additional concern because kids are choosing them over milk. A study by USDA showed that teenagers may be drinking soft drinks instead of milk at meals. The result is that soft drinks may contribute to low intakes of calcium and other nutrients by some teenagers. ["Beverages in the Diets of American Teenagers," *Journal of The American Dietetic Association* 86:493, 1986].

Fast-food restaurants are also a growing problem in schools. While these companies used to be satisfied with planting an outlet across the street from a school, they now see schools as the great new marketing opportunity of the 1990s. Today they are installing outlets right in the school cafeterias. The press reports that Pizza Hut provides their pizzas to approximately 4,500 schools. Its sister company Taco Bell provides food to more than 2,500 schools. Both of those companies advertise in the *School Food Service Journal* in an attempt to capitalize on this new and growing market. [Copies of these advertisements are attached as Exhibit A.]¹⁴ Other companies like Subway and McDonald's are also increasing their presence in schools.

While the sale of fast food may be a source of revenue for the schools, such profits come at the expense of our children's health, since most of the products sold by these companies do not meet national dietary recommendations. For instance, a Pizza Hut personal pan pizza gets 39 percent of its calories from fat. A McDonald's cheeseburger gets 38 percent of its calories from fat while an order of fries gets 49 of its calories from fat. The biggest threat from these companies, however, is that their a la carte items will attract so many kids away from the School Lunch Program that schools will drop the program. That result could be devastating to low-income children. Two high schools in Boulder, Colorado, which have McDonald's outlets, indeed dropped the official lunch program (although McDonald's is apparently leaving the schools as of September 1994).

CSPI is also concerned that, even if the fast food industry could reformulate its products to meet nutritional standards that would qualify them for the school meal programs, their presence undermines the larger goals of reform. If we are striving to integrate nutrition education into school meal programs, serving fast foods at child nutrition sites sets a bad example for our children. Such a situation would send a message that fast food is nutritious when most items in the regular outlets are not. Furthermore, we do not think it is appropriate for schools to be giving their stamp of approval to brand-name consumer products. Schools are not shopping malls or advertising media.

Although we support section 208 of S. 1614, we urge Congress to go further by directing USDA to issue regulations that ensure that all foods that compete with the Child Nutrition Programs—including competitive foods and a la carte items—individually meet nutritional standards developed for the Child Nutrition Programs. Congress should also require a study evaluating the current and future impact of fast food outlets on the school meal programs. Such a study is included in the amendments to H.R. 8 and we urge a similar provision in S. 1614.

Congress should repair the Commodity Program so that those foods contribute to, not impede, good nutrition. Many of the foods that schools receive from USDA's commodity programs make it more difficult for schools to offer more healthful meals. For instance, we have calculated that 50 percent of all the calories come from fat. In addition to butter, oil, and cheese, even the most popular vegetable item (a potato product similar to *Tater Tots*) obtains over 40 percent of its calories from fat.

Congress should ensure that the commodities that are donated—to the Child Nutrition Programs are lower in fat, saturated fat, and sodium, and higher in fiber. The commodity programs should increase the availability of fruits and vegetables, whole grains, legumes, reduced-fat, low-fat, and non-fat dairy products, and lean and extra lean meat and poultry products. Congress should also use the commodity program to purchase more fresh produce and other foods that are grown organically or that contain no detectable residues of pesticides.

Congress should repeal the requirement that schools offer whole milk. We strongly support section 301 of S. 1614 which would eliminate the whole milk requirement for school meals. Whole milk contributes significantly to the unhealthful levels of fat and saturated fat in school lunches. A cup of whole milk has 8 grams of total fat, including 5 grams of saturated fat. That is one-fourth of the saturated fat that children should have in 1 day. Children who drink 1 percent or skim milk can sig-

¹⁴ See page 157.

nificantly reduce the fat and saturated fat content of their meal. [A table demonstrating how the type of milk affects the fat content of lunches is attached as Exhibit B.]¹⁵

Moreover, it is interesting to note that a June 1992 USDA study showed that only about 12 percent of kids choose whole milk when it is offered. It makes no sense for Congress to require schools to offer an unhealthy product that kids do not even want. Therefore, we urge Congress to repeal the whole milk requirement.

Congress should appropriate sufficient funds for nutrition education and training. Finally, we fully support the provisions of S. 1618 that promote the training and education of students, parents, teachers, administrators, child care staffers, and school food service personnel about the importance of good nutrition. Comprehensive education and training will assist school personnel to purchase, prepare, and market healthful foods and will encourage students and parents to practice more healthful dietary habits.

We urge Congress to appropriate the \$30 million requested in section 209 of S. 1614 for fiscal year 1995 for nutrition education and training that will assist schools in integrating nutrition into meals and classes. Congress should consider linking appropriations in this area to a percentage of administrative costs as a way of maintaining sufficient funds in the future.

Conclusion

In conclusion, we applaud the efforts of this committee and USDA to improve the Child Nutrition Programs. Healthy eating habits are formed early in life and may decrease the risk of heart disease, cancer, and other chronic diseases and conditions. By taking care of the problem now, we will decrease the astronomical health care costs associated with those diseases later.

¹⁵ See pages 158 and 159.

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EXHIBIT B

How Type of Milk Affects Fat Content of Lunches

<u>Meal</u>	<u>Type of Milk</u>	<u>Total calories</u>	<u>Grams of fat</u>	<u>percent of calories from fat</u>
Grilled cheese, peas	with whole milk	648	29.8	41.4%
	with 1% milk	598	24.6	37.0%
	with skim milk	583	22	34.0%
Hot dog, corn, banana	with whole milk	585	21.5	33.1%
	with 1% milk	535	16.3	27.4%
	with skim milk	520	13.7	23.7%
Chicken nuggets, fries	with whole milk	889	41.5	42.0%
	with 1% milk	839	36.3	38.9%
	with skim milk	824	33.7	36.8%
Burger, vegetables with dip	with whole milk	652	30.1	41.5%
	with 1% milk	602	24.9	37.2%
	with skim milk	587	22.3	34.2%
Egg and cheese salad, soft pretzel	with whole milk	767	34.4	40.4%
	with 1% milk	717	29.2	36.7%
	with skim milk	702	26.6	34.1%

* Based on Type A meals showing only the foods contributing measurable fat.

This table is taken from "White Paper on School-Lunch Nutrition," Citizen's Commission on School Nutrition (December, 1990)



L E T T E R S

ALLAN L. FORBES, M.D.,
ROCKVILLE, MARYLAND, May 13, 1994.

The Honorable PATRICK J. LEAHY,
Chairman, Senate Committee on Agriculture, Nutrition, and Forestry, Washington,
DC. 20510-6000.

Dear SENATOR LEAHY: On my own initiative, I am providing herewith this statement for the record for the committee hearing concerning S. 1614, "Better Nutrition and Health for Children Act". I refer specifically to section 208, which would require the U.S. Department of Agriculture (USDA) to encourage local school authorities to adopt more restrictive regulations on competitive foods such as soft drinks, including outright bans on their availability, in our public schools. I was informed of the hearing of your committee by the National Soft Drink Association (NSDA). It is my understanding that the sale of soft drinks in public schools is limited voluntarily by the soft drink industry to the teenage school population, i.e., those children in junior and high schools.

To introduce myself briefly, I am a physician licensed in the States of Maryland and Virginia. I retired in 1989 from the U.S. Public Health Service (USPHS) after 30-plus years of public service, including approximately 20 years with the Food and Drug Administration (FDA). At the time of my retirement and for some years previously, I was Director, Office of Nutrition and Food Sciences, Center for Food Safety and Applied Nutrition (CFSAN), FDA. Attached please find an abbreviated curriculum vitae.

As a physician primarily concerned with the public's health, I am strongly opposed to the proposed limitations or outright bans on availability of soft drinks in our junior and senior high schools for two basic reasons, as discussed more fully below: (1) the proposal is presumably based on the concept that soft drinks pose some sort of health hazard to older school children, which is not based on the scientific evidence; and (2) given that there is no health hazard, such limitations or bans are another example of taking away a matter of freedom of choice from the citizenry, in this case older school children.

The sugars used in soft drinks generally are sucrose and high fructose corn syrups. These sugars have been vindicated relative to health risks time and time again in recent years, and demonstrated to be appropriate components of the national food supply when, like all other foods and food ingredients, they are consumed in moderation. "Diet" soft drinks of course contain neither of these sugars. For support of these conclusions, I refer you particularly to:

Glinsmann, W.H., Irausquin, H., and Park, Y.K. *Report from FDA's Sugars Task Force, 1986, Evaluation of Health Aspects of Sugars Contained in Carbohydrate Sweeteners*, Journal of Nutrition, 116 (No. 11S): (November) 1986; Forbes, A.L. and Bowman, B.A. (Editors). *Health Effects of Dietary Fructose*, American Journal of Clinical Nutrition, 58 (No. 5[S]): (November) 1993.

Relative to children, it is important to emphasize that soft drinks are virtually noncariogenic. Even though sugars are in-and-of-themselves contributors to tooth decay, sugars present in soft drinks pass the teeth so quickly that there is virtually no residual adherence to the teeth. The cariogenicity of sugars is primarily due to the physical characteristics of the specific food involved as to retention time on the teeth. Sticky foods therefore are the basic problem, not water based drinks such as soft drinks.

It is also important to keep in mind that school children are very active folks. Their water requirements are high generally, and water is without question the most essential nutrient of all. Soft drinks are perfectly suitable for replenishment of water losses because they taste good. Meal times and periods during and after strenuous physical exertion are the best times to ensure maintenance of water balance. To the best of my knowledge, all sports drinks also contain carbohydrate sweeteners.

To me, the freedom of choice issue is also of major importance. Frankly, I am fed up with the constant barrage of governmental efforts Federal, State, and local to eliminate various elements of our individual life styles, when there is no significant health hazard. It is reminiscent of the days of the "national nanny syndrome" spread particularly by the Federal Trade Commission (FTC) during the Carter administration. Social engineering by governments is not my cup of tea. Many of these efforts to socially engineer human behavior are based on public reactions bordering

on hysteria. I recognize that much of the public's reaction is well meaning, but regrettably is based on massive amounts of misinformation. I desperately hope that legislators do not fall into the same trap.

From a nutritional health point of view, It would be far better for legislators and implementing agencies to focus on matters that are of real importance, such as constant efforts to improve the overall nutritional quality of school lunches and breakfasts; the new nutrition labeling programs of FDA and USDA; labeling to improve safe handling of foods, particularly meats, poultry, and seafoods; and improved safety inspection programs for foods in general.

Please let me thank you for this opportunity to comment.

Respectfully yours,

(SIGNED) ALLAN L. FORBES, M.D.
Physician [former Director, CFSAN.]

NATIONAL ASSOCIATION OF ELEMENTARY SCHOOL PRINCIPALS,
ALEXANDRIA, VIRGINIA, May 16, 1994.

The Honorable PATRICK J. LEAHY,
Chairman, Committee on Agriculture, Nutrition, and Forestry, Washington, DC.
20510-6000.

Dear SENATOR LEAHY: The National Association of Elementary School Principals wishes to add to its support for S. 1614, the "Better Nutrition and Health for Children Act." Your bill provides many needed improvements in child nutrition programs. You have offered your colleagues an opportunity to assure our children and youth a healthier nutritional content in their school meals, as well as to incorporate nutrition into a systematic school health program.

We are also pleased that, in section 208, you clarify the authority of local schools regarding the banning of junk foods. NAESP has long held the position that confections and junk foods should not be sold in competition with school meals in our elementary and middle schools. We also believe, as does the National PTA, that local schools should be assured of their continued ability to make that decision.

Child nutrition is an important element in a comprehensive child health program. Your bill adds substance to that element and we urge its enactment in this session.

Sincerely yours,

(SIGNED) EDWARD P. KELLER.
Deputy Executive Director

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DIRECTOR, EDUCATION MARKET

February 28, 1994

ADDRESS ONLY TO
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ATLANTA, GA 30303
404 578-5017
FAX 404 578-3602

Ms. Susan R. Buswell
Executive Director
Maryland Association of Boards of Education
133 Defense Highway, Suite 204
Annapolis, MD 21401-7015

Dear Ms. Buswell:

We are writing to ask for your help regarding the possibility of further government restriction on the sale of soft drinks in schools. There is currently a new piece of legislature called "The Better Nutrition & Health for Children Act" that has been introduced by the Agriculture, Nutrition, and Forestry Committee to the Senate. This act is intended to help states ban "competitive foods" at a stricter level than federal law currently requires.

We believe that current law already provides states and local school boards with the authority to either allow or prohibit competitive foods and that this act (if it is passed) will serve to further restrict the sale of soft drinks in school. This will, obviously, reduce the much needed revenues to schools that are generated from the sale of soft drinks. We believe that the Senate needs to better understand the impact that this act could have on these revenues.

If you agree with us, we are asking you to send a letter to Senator Leahy (Chairman of the ANF committee), as well as to your senators, requesting that they not pursue this Act. We have attached a sample letter to help you, as well as a list of senators (and addresses) who serve on the Agriculture, Nutrition and Forestry Committee. We've also attached a summary of this Act and our concerns about it to give you further background.

Your letters are needed immediately (as well as letters from other administrators, teachers or coaches who are willing to write), since this legislation is under consideration now. If you are willing to write, please send a copy to me so that we can keep track of the response from the education community.

Best regards,

Bonnie Pruet

Bonnie J. Pruet

attachment

EPS

*Do not let your
Chair be...
Think nothing is
just, but...
may have a reason*

February 28, 1994

The Honorable _____
United States Senate

Washington, D.C. 20510

Dear Senator _____,

As the Senate Agriculture Committee prepares to consider legislation reauthorizing child nutrition programs, which are paramount to the proper learning and development of the nation's school children, I wanted to let you know about a particular provision of a bill pending before the Senate which causes us great concern.

As I understand it, Section 208 of The Better Nutrition and Health for Children Act (S. 1614) would urge states to ban the sale of "competitive" foods in schools. These vended products are sold on campus, but not at the same time or place as school lunches and breakfasts. They provide a tremendous source of revenue used for extra-curricular activities. Were it not for the fact that this revenue augments our budgets, many of the programs outside the normal classroom atmosphere would not be possible. These programs allow students to explore their creativities, provide much needed fitness, teach good sportsmanship, and instill the values of teamwork and dedication.

School systems are well aware they have the authority to decide whether or not to allow the sale of competitive foods on campus. It is, and should remain, a local decision made by those most familiar with the school's needs. It seems both unnecessary and potentially confusing for the Federal government to go beyond current law and possibly misdirect schools in this regard.

In these days of financially strapped states and communities, please don't send another edict from Washington that has the potential to further challenge our resources. I urge you to support efforts to drop Section 208 from S. 1614.

Sincerely,



MEMORANDUM

February 24, 1954

MEMO TO: Mr. Earl T. Leonard, Jr.
 FROM: Bryan D. Anderson
 SUBJECT: SCHOOL LUNCH

As you know, we are closely monitoring the Better Nutrition and Health for Children Act (S. 1614) introduced by Senator Leahy. The following is a review of this issue.

BACKGROUND

Current Federal regulation prohibits the sale of "competitive" foods at the same time and place of a Federally-funded school lunch or school breakfast program. In addition, states and local schools have the authority to exceed the Federal rule and further restrict or prohibit the sale of competitive foods on school property.

CURRENT PROPOSAL

Senator Leahy (D-VT) has introduced legislation, S. 1614, that would reauthorize the Child Nutrition Act. S. 1614 contains a provision (Section 208) titled, "Clarification of Authority to Ban Junk Foods." This section would direct the USDA to encourage states to exceed Federal authority by banning competitive foods from the schools and even provides model language for states' use in taking such action. (Section 208 language does not appear in House legislation.)

ARGUMENTS

There is no need for this new provision. Current law already provides states and local school boards the authority to allow or prohibit the sale of competitive foods, in fact, eight states already have. (See attached.)

Local school authorities know best what is appropriate for their students. There is no evidence they are ignorant of their authority over competitive foods, nor any evidence that their decisions, have in any way, negatively impacted the school lunch program.

In compliance with the law, soft drinks are never sold in the dining area of the school during the designated meal periods. Hence, they do not directly compete with items in the "a la carte" lunch line or on the school menu.

Mr. Earl T. Leonard, Jr.
 February 24, 1994
 Page Two

USDA-approved "competitive foods," such as soft drinks, can only be sold in schools provided that the revenue derived from the sales be used to fund school activities, which otherwise would not be funded. These include band uniforms, sports team uniforms, school yearbooks, etc. In this age of financially strapped school districts, that face revenue shortages and then eliminate extra curricular activities as a result, the Federal government should not issue ultimatums from Washington which only worsen the situation.

Allowing the sale of competitive foods on campus during non-lunch hours reduces the likelihood that students will leave campus to purchase such products. This is a serious safety issue which greatly concerns school administrators and parents.

OBJECTIVE

Section 208, titled "Clarification of Authority to Ban Junk Foods" should be dropped in its entirety from S. 1614.

ACTION

We have met with eight Senate offices (Soren, Cochran, Coverdell, Dole, Heflin, Lugar, McConnell, Pryor) on this issue, and they have been understanding of our concerns with Section 208. We are working on getting letters supporting our position from secondary school principals from as many committee member states as we can. The Association of Secondary School Principals is helping us with the letters as well as providing data to validate our argument that the revenue derived from the sale of soft drinks is crucial to the funding of extra curricular activities.

There is a hearing on this issue on Tuesday, March 1, and work up is not expected until spring.

EDA:jk

c: Mr. Barclay T. Resler

(For Use Only With Senate Agriculture Committee Members*)

Oppose Section 208 of S. 1614, the "Better Nutrition & Health for Children Act of 1993"

General Background:

Current federal regulation prohibits the sale of "competitive" foods at the same time and place of a federally-funded school lunch or school breakfast program. In addition, states and local schools have the authority to exceed the federal rule and further restrict or prohibit the sale of competitive foods on school property.

Current Proposal:

Senator Leahy (D-VT) has introduced legislation (S. 1614) that would reauthorize the Child Nutrition Act. S. 1614 contains a provision (Section 208) titled, "Clarification of Authority to Ban Junk Foods." This section would direct the USDA to encourage states to exceed federal authority by banning competitive foods from the schools and even provides model language for states' use in taking such action. (Sec. 208 language does not appear in House legislation)

Arguments:

There is no need for this new provision. Current law already provides states and local school boards the authority to allow or prohibit the sale of competitive foods.

Local school authorities know best what is appropriate for their students. There is no evidence they are ignorant of their authority over competitive foods, nor any evidence to suggest their decisions, negatively impacted the school lunch program.

In compliance with the law, soft drinks are never sold in the dining area of the school during the designated meal periods. Hence, they do not directly compete with items in the "a la carte" lunch line or on the school menu.

USDA fund "competitive foods," such as soft drinks, can only be sold in schools provided the revenue derived from the sales be used to fund school activities, which otherwise would not be funded. These include band uniforms, sports team uniforms, school yearbooks, etc.

Allowing the sale of competitive foods on campus during non-lunch hours reduces the likelihood that students will leave campus to purchase such products. This is a serious safety issue which greatly concerns school administrators and parents.

* See list on reverse.



FOR MORE INFORMATION, CONTACT:
NATIONAL SOFT DRINK ASSOCIATION
FEDERAL AFFAIRS DIVISION
AT 202/463-6740



S. 1614 — BETTER NUTRITION AND HEALTH FOR CHILDREN ACT

FRIDAY, JUNE 10, 1994

U.S. SENATE,
SUBCOMMITTEE ON NUTRITION AND INVESTIGATIONS, OF THE
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, DC.

The subcommittee met, pursuant to notice, at 9:37 a.m. in room SD-562, Dirksen Senate Office Building, Hon. Tom Harkin, Chairman of the subcommittee, presiding.

Present or submitting a statement: Senators Harkin, Leahy, Kerrey, McConnell, Lugar, Dole, and Craig.

STATEMENT OF HON. TOM HARKIN, A U.S. SENATOR FROM IOWA

Senator HARKIN. The Subcommittee on Nutrition and Investigations of the Senate Agriculture, Nutrition, and Forestry Committee will come to order.

Today, we are meeting about the future of our country. The future of our country is indeed wrapped up in our children. We hear that stated so frequently that it can easily become a cliché, a truth honored too often through lip service instead of through careful attention and action by the Congress.

Each of us who has children wants them to have every chance to reach their full potential, and surely that is a universal hope of parents everywhere. But millions of children in our Nation are destined for lives in which they are forever foreclosed from attaining their full human potential in many cases due to causes stemming from even before birth.

So today's hearing will focus on the link between sound nutrition and sound futures for our children. Mounting evidence shows that good nutrition, beginning even before birth, is critical to lifelong health and to normal cognitive and behavioral development.

One aspect of good nutrition for children is the nutrient content and balance of the diets they consume, such as fat and saturated fat, sodium, cholesterol content, vitamin and mineral levels, and dietary fiber. These are important considerations, especially for lifelong health, since three out of the four leading causes of our death in our Nation have been linked to diet. We will deal more closely with these issues in another hearing that will deal primarily with the school lunch and school breakfast programs.

Another aspect of child nutrition has more dramatic and immediate consequences, and that is the problem of hunger or undernutrition, which impairs health, growth, physical development, and cognitive and behavioral development in children. The Center on Hunger, Poverty and Nutrition Policy at Tufts University estimated that about 18 percent of U.S. children suffered hunger in 1991, and again this is not just an urban problem; it is widespread throughout our country.

Good nutrition is a sound prevention strategy against a host of serious and costly health problems, including infant mortality, premature births, low birthweight, and anemia, just to mention a few. It is also a good way for us to save money. Studies have shown that each dollar invested in WIC prenatal assistance saves from \$1.92 to \$4.21 in Medicaid costs. In a study that I requested, the GAO estimated that the initial investment in WIC prenatal benefits of \$296 million in 1990 would save about \$1.36 billion in health and education expenditures over the next 18 years.

Undernourished children simply do not learn as well as they should. The President recently signed the Goals 2000 education bill, which had as its number one goal, the first one, that every U.S. child enter school ready to learn. However, without proper nutrition from even before birth, our children simply will not be ready to learn. Good nutrition also means a better educated, more productive and capable U.S. workforce.

Finally, and perhaps most noteworthy of all, fighting hunger is, as Chairman Leahy has said many times, a moral issue and a test of our conscience as a Nation. When we recognize that each of our Nation's children is too valuable to write off to poverty and hunger, we do justice to the best in all of us.

Unfortunately, with a tight Federal budget, we have little additional money for expanding these nutrition programs, although I am hopeful that we will find enough money to at least keep the WIC Program on track toward full funding. In these circumstances, we must reevaluate programs continually to ensure that we are making the most effective use of Federal dollars and to look at ways to improve them.

One example of making better use of Federal dollars is competitive bidding for infant formula. Senator Leahy and I put this in place several years ago, and in fiscal 1994 alone competitive bidding is expected to save \$930 million and allow 1.5 million more participants to take part in WIC with the money that we have saved. We also need to look for innovative ways to combine Federal money with private efforts.

I am pleased to have a number of excellent witnesses here today. Before I turn to our witnesses at the table, I would ask my friend and my Colleague from the State of Idaho for any opening comments that he might have.

**STATEMENT OF HON. LARRY E. CRAIG, A U.S. SENATOR
FROM IDAHO**

Senator CRAIG. Mr. Chairman, thank you very much. Both you and the committee and the witnesses in the audience will be probably relieved today that I have laryngitis and will probably be listening more than talking.

I do appreciate the effort that you and your staff and the Chairman's staff have put into these hearings, both this one and the one we will have on the School Lunch Program. You have been very accommodating to allow other Senators' requests of various witnesses to appear in panels that we will all be hearing from this morning, and that is very much appreciated.

Instead of making a statement, let me suggest to all of you this morning who will testify a series of questions that I will be asking that I think are fundamental to anything we do here, especially as we create public policy that will drive programs that, as the Chairman has just said, will have profound impact on our children and our children's future.

So here are some of the questions that I will be asking you this morning. What are the specific scientific sources that support your statements? What specific scientific sources would support or refute your statements made either in this hearing or other hearings, or public statements on your area of expertise?

Please make available your personal knowledge and experience from studies and research on the specifics of the bill under consideration by the committee because as we continue to review this subject, we must review the total diet in relation to what Government should and should not be doing. What is the Government's responsibility, and then again what is the individual responsibility as it relates to education, exercise and the diet?

The reason I say this is that we are not involved now at this moment or in the formulation of this public policy with political science or being politically correct. Let us err on the side of well-established science, laboratory science, the kind that has come from our universities, from our medical research centers, the kind that dietitians and doctors and professionals nationwide would recognize to be good science, and not the political science that we sometimes get captivated by as the trendy thing to do at the moment in time. Public policy should not be founded on that kind of politics.

Thank you very much, Mr. Chairman.

Senator HARKIN. Thank you, Senator Craig.

Our Ranking Member, Senator Mitch McConnell.

STATEMENT OF HON. MITCH McCONNELL, A U.S. SENATOR FROM KENTUCKY

Senator McCONNELL. Thank you, Mr. Chairman. I appreciate very much your holding the hearing today. The reauthorization process is well underway and I think it is both timely and important that we hold this hearing to further explore these important issues.

Researchers have made great strides over the last few years in discovering the impact that various foods or food components have on our health. We now know that consuming too much fat and saturated fat can lead to heart disease, too much salt is bad for your blood pressure, but most fruits, vegetables and fibers can help prevent health-related diseases.

The question we face as Members of this committee is how do we work this knowledge, this scientifically valid information we have, in our Federal nutrition programs. We have worked over the years to provide assistance and nutrition foods to our citizens in need, to

both children and adults, to the young and old, and I might add that we have been successful in doing so.

We spend over \$40 billion a year on our Federal nutrition programs and we reach literally millions of Americans. This reauthorization process provides us with a time to look over the Programs and improve upon their administration, as well as the policy that pervades these programs. I am pleased to see that we have a list of witnesses before us that will bring to the table valuable experience in and knowledge of the dietary needs of children, as well as dietary habits of children, child development, and the intimate details of the nutrition programs and impact on targeted populations.

As we consider ways to improve the Programs and the nutritional well-being of our Nation's children, two thoughts come to mind. First, we have all heard the old Chinese proverb, give a man a fish and you feed him for a day, teach a man to fish and you feed him for life. To me, this quote, though used in a variety of settings, tells us of the importance of education and, in our situation, of nutrition education.

If we teach our children and adults the tenants of healthy eating, the importance of moderation in diet and the values of nutrients and food components, then we will build a healthy population. Nutrition education is not a new concept and both public and private educational efforts have been effective. You can tell just by going to the grocery store that the new nutritional labels show the change of focus on the national level to nutrient intake, and the number of low sodium, nonfat and low cholesterol products that are on the shelves have grown exponentially. I know there are people that need to be reached, and our efforts at the school level will continue as new classes come through the doors.

The second point I want to make is that we, as the Federal Government, have a role to play and a responsibility to all citizens, but I firmly believe that the Government should leave consumption and behavioral decisions in the hands of the individual, not of a Federal bureaucracy.

Nutrition programs are some of the few Government programs that, as a Republican, I like, but it concerns me that Big Brother could start to control our eating habits. The next thing you know, a fat tax could be the new way to help fund these programs. We should be providing the education—

Senator HARKIN. It sounds like a good idea to me.

[Laughter.]

Senator MCCONNELL. I knew you would like that, Tom.

Senator LEAHY. Tom and I were making notes over here.

Senator HARKIN. Thanks for the idea.

Senator MCCONNELL. You guys would go with a Twinkie tax.

Senator HARKIN. Keep talking.

Senator MCCONNELL. Old Tom never met a tax he didn't like.

[Laughter.]

Senator HARKIN. Especially upon the kind of people that we are talking about here that push fat upon kids; they ought to be taxed.

Senator MCCONNELL. We should be providing the education, the knowledge and the means for giving the individual to make his or

her food choices. These nutrition programs do not operate in a vacuum and we should not expect them to. Nutritional habits are not solely dependent on what people learn in a classroom, but they are affected by other societal factors as well.

Finally, just to touch briefly on two programs this hearing will highlight today, the first is the Child and Adult Care Food Program, and I want to welcome Linda Locke, the director of Public Policy of 4-C's in Louisville—my hometown. I know she is going to speak to the entire program, but she will also discuss a demonstration project that has been tremendously successful in Kentucky.

Back in 1989, I introduced legislation, along with my friend to my right here, Senator Harkin, to initiate a demonstration project that tested a change in the eligibility criteria for this program. Because of this demonstration, around 7,000 kids, 57 percent of whom are low-income, are now receiving nutritious meals under that particular program, and Linda has been instrumental in helping to carry out the project in Kentucky.

Second, we will explore WIC. WIC is a program that has enjoyed bipartisan support from this panel over the years. I have sent letters to my Colleagues every year for the past 6 years urging that they continue on the road to fully fund WIC. Just parenthetically, I recently learned that the first WIC clinic in the country was in Pineville, Kentucky, in the heart of Appalachia.

Let me conclude with one more quote. There is an old Greek proverb that says: "You cannot reason with a hungry belly, it has no ears." We are about to hear how science backs that statement up. We have witnesses today that will discuss the nutritional needs of our children and the important link that we know exists between cognitive development and sufficient nutrient intake.

We are all looking forward to hearing the suggestions and recommendations of the witnesses and exploring how we can reform our nutrition programs to reflect the priority of raising healthy children.

Thank you, Mr. Chairman.

Senator HARKIN. Thank you, Senator McConnell.

Now, the Distinguished Chairman of our Agriculture Committee, who has really taken a lead in our efforts to combat hunger and malnutrition and focus on these issues. I can remember when the Senate changed hands back in 1987 and Senator Leahy became Chairman of the Senate Agriculture Committee.

In our opening meeting, everyone was waiting to hear what the new Chairman would talk about in his opening statement—to sort of set the new tone and temper for what the Ag Committee would be doing. I can remember, very distinctly, Senator Leahy talking about agriculture, and support for agriculture; but he started off his whole talk by saying that the Agriculture Committee would pay close attention to, and would focus on the issues of nutrition and hunger—and how we get our kids started off on the right foot—and he has followed through on that. He has been a great leader of this Agriculture Committee, and what he said in 1987; he has proved up on—and I am proud to serve on the committee with him.

Senator Leahy?

**STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR
FROM VERMONT**

Senator LEAHY. Thank you, Senator Harkin. I must say, as Chairman of the committee, having made nutrition matters my top priority, it was with particular gratitude that Senator Harkin was willing to chair this subcommittee hearing because he has fought to improve and expand the Programs involving child nutrition and has also joined with me on some of the foreign aid programs for children.

Dr. Brazelton, I see you are wearing one of the Children Defense Fund ties. I have that same one, and we know how important it is. It is not just children here, but children throughout the world.

I must say that Senator McConnell, who is Ranking Member not only of this subcommittee but also of the Appropriations Subcommittee that handles foreign aid, has been a strong fighter on these same issues.

Senator Harkin, of course, we rely on very much not only here, but also in his key role on the Appropriations Committee. We have made nutrition a bipartisan issue. Senator Lugar, the Ranking Republican on this committee, has been a strong supporter. Bob Dole and I have either sponsored or cosponsored for 20 years now virtually every nutrition piece of legislation here in this committee.

I will put my full statement in the record because these are the people we want to hear from, but I couldn't help but think earlier this week—I was talking about the new plans for school lunches and I had arrived the night before from Normandy, and as emotional as all the D-Day celebrations were at Normandy—and probably one of the most moving emotional things I have done in my years here in the Senate—I couldn't help but think that 2 years later, President Truman signed into law the first school lunch bill. He said it was part of our national security because they had had so many of the recruits who came in malnourished, with rickets, with all the other problems that went with that, and he said we ought to have as part of our national security a school lunch program that works, and we did.

Twenty-five million meals a day are served in this country. That is more than the population of a great number of countries. The point, though, is that, unfortunately, even today in many of our schools that is the only real meal that these children get. We can not only make them better meals; we can teach them better nutrition. They will be healthier and our Nation will be healthier. They will learn better, and these are the children that are going to live most of their lives in the next century and they are going to determine what that century is.

What bothers me is that we may do away with the malnutrition that we were seeing in the early 1940's, but it is the undernutrition that Dr. Sagan and Dr. Brazelton are going to talk about that I think is robbing America of its future. These children are our future. They are going to determine what kind of Nation we are in the next century, and I think that we have to make sure that we eliminate undernutrition.

I will close with a point I have made over and over in this committee. In a Nation as wealthy and as powerful as the United States, the only major power in the world able to feed all its people,

260 million people, and still have food left over for export, it is not right that we have hunger and undernutrition and malnutrition in this Nation.

It goes beyond being a social or economic or even a national security issue. It is truly a moral issue, and I think that we should all realize that because there is not a person in this room, I would be willing to wager, who goes hungry, except by choice. I guarantee you we could walk outside this door and walk just a few minutes, as we could from any building anywhere in this country, and you will find people who don't have that choice.

So I thank you for being here and, Mr. Chairman, I applaud you for holding these hearings.

Senator HARKIN. Thank you very much for those kind words, Chairman Leahy, and for your leadership on this issue.

[The prepared statement of Senator Robert Dole follows:]

STATEMENT OF SENATOR ROBERT DOLE

Mr. Chairman, I commend you for conducting this hearing to discuss the reauthorization of the Child Nutrition Programs. As my record will show, I place great importance on assuring the nutritional well-being of our school children. However, I come today with particular concern for children with disabilities. I want to point out that we have with us Harriet Cloud, a professor from the University of Alabama. She's considered the "grand dame of special needs nutrition." Her mother, whom I knew, lived to be 107—so I know she ate right.

Three years ago last month, I spoke on the Senate floor about the difficulties many children with disabilities face when participating in our school meal programs. Fortunately, somebody was listening. Today there is a renewed effort underway around the country to make The National School Lunch and School Breakfast Programs accessible to children who, because of a disability or chronic illness, are unable to eat what is on the regular menu. However, there is still work to be done.

USDA Child Nutrition and Section 504 Regulations require schools participating in the School Lunch and Breakfast Programs to provide special meals at no extra charge to children with medical certification that disabilities restrict their diets. These regulations put the burden on parents to request special meals. Yet many parents, school administrators, and teachers do not know these regulations exist.

Parents, school food service personnel, and dietitians specializing in this area have shared with me the difficulties children face because these regulations are not well publicized, or fully enforced. Some schools cannot or will not purchase the equipment or foods which cafeteria workers need for special meals. Or the regular meal may be dumped into a blender, ground up, and served, no matter how unpalatable the result. Part of the reason some schools do not fully comply may be that USDA's policy instruction does not make clear that schools are expected to make textural and caloric changes as well as food substitutions.

Of course, as you and I well know, it's all too easy for the Federal Government to come up with mandates and then leave the challenging work of implementing them to the people on the front lines. I want USDA's regulation requiring substitute meals for disabled children to work, and I will do what I can to help schools make sure that they do. For that reason, I intend to work with other members of the committee to work on this objective.

It's all the more important that we do what we can to help out school food service employees given the new challenges they will face in implementing USDA's school meals proposal.

I look forward to working with the Chairman in crafting this reauthorization language.

We have our Distinguished Colleague from the State of Washington, Senator Slade Gorton, who has always had a keen interest in supporting these efforts, and we welcome him as our lead-off witness.

Senator Gorton?

**STATEMENT OF HON. SLADE GORTON, A U.S. SENATOR
FROM WASHINGTON**

Senator GORTON. Thank you, Mr. Chairman, for giving this opportunity before the subcommittee on a program important to me, to thousands of children in my State, and to hundreds of thousands of children around the United States.

I want to speak for a few minutes and to provide recommendations for the reform of the Summer Food Service Program. The Summer Food Program, as you know, is designed to give children in impoverished communities healthy lunches during the summer months.

Last year, I had the opportunity to have lunch with children at the Daffodil Elementary School, a summer food site in Puyalup, Washington. That day, I saw what an important part the Program plays in the lives of children across the country. Not only does this program provide healthy lunches, but it also provides children with opportunities to play and make new friends, which ultimately makes for happier summers for all of them.

During a meeting with the Washington State administrators of the Program last year, however, I learned that the Program administrators could not let children take cookies or apples, or the like, away from the site because of Federal regulations prohibiting the practice. It makes sense that this regulation apply to the perishable portions of the meal, those items most susceptible to food-borne illnesses. But what does not make sense, and to this day FNS has not given me a satisfactory justification for the broad scope of the regulation, is the application of the regulation to those lunch items which do not pose a risk of food-borne illnesses. Snack items like cookies, apples and oranges are wasted or thrown out because of the regulation. It is a prime example of a regulation calling for serious review.

In an attempt to focus new thinking on the subject, I helped include report language in the 1994 agriculture appropriations report directing FNS to take a closer look and to work with local administrators of the Program to figure out a way to address the problem of food waste.

Unfortunately for the children and local administrators, FNS only partially addressed the issue of food waste at its sites. Finally, after a lot of prodding from my office, last Wednesday FNS issued some policy guidance to local administrators on ways to avoid food from being wasted at the sites, but it still has not told administrators to my satisfaction how to allow for minimal or item-specific off-site consumption. I will provide the new FNS guidance to the subcommittee for its review.

I would like to work with the committee on a solution to the problem posed by this broad regulation and ask that it consider including language on the subject in the legislation to reauthorize the Program. That is my first subject.

My second stems from the realization that the committee is operating under tight budgetary constraints and is doing its best to keep the reauthorization bill free from new funding. I do offer a proposal for the committee's consideration, however, that I believe to be a good way to complement the Summer Food Service Program.

My proposal would be subject to appropriations, and as a Member, with the subcommittee Chairman, on the Subcommittee on Agriculture Appropriations, I understand the difficult funding constraints which we are presented with this year and in the years to come.

Not unlike other communities across the Nation, rural and urban, the Summer Food Program is helping kids get good meals during the summer months, but what about the hours before lunch after lunch is over? Where do the children go? Do they head back to empty homes because a parent or parents are working hard to make ends meet? What are their summers really like?

One summer food site in my State came up with a way to answer these questions. I was contacted by the summer food site administrator in Kent, Washington. She estimates that nearly 100 children between the ages of 6 and 12 will participate in her program this year. With the support of volunteers, the local police department and the school district, she plans to keep the summer food site open from 9:00 in the morning until 5:00 in the evening.

The site will be open for kids to play games. It will provide tutoring and other learning opportunities for the children during the day. It sounds like a wonderful way for children to spend their summer days. In fact, when some of the parents learned that the summer food site would be providing tutoring and other learning opportunities, they said they would drive their children or take public transportation to the site to give those children the opportunity to keep up with their schooling. I can't think of a better reason for the committee to accept this provision.

The problem is that keeping these sites open requires additional funds. This administrator estimates that she needs \$20,000 to run an all-day site through the summer. I offer the committee a proposal to authorize an all-day activities demonstration project. The demonstration project would be based at an approved Summer Food Service Program site and the administrator would be authorized to award grants of up to \$25,000 to such sites if they meet specific eligibility requirements.

In order to qualify, a site must provide adult supervision of activities; show community support through local community sponsorship, volunteers, funding or other means; provide learning or tutoring opportunities for the children; and operate the site of the activities for not less than 7 hours during each day of operation. The grant funding could be used to carry out activities necessary to support the all-day operation of a site, including transportation to and from, custodial services, staff support, and the like.

I want to make clear to the committee that I see this proposal as strictly a demonstration project. The legislation before this committee is a 4-year reauthorization bill. I propose that we use this 4-year time period to demonstrate to local communities, service clubs, small business groups, and other organizations that they should sponsor through funding and donations these all-day activity sites in the future. It will demonstrate to local communities the wonderful opportunity these sites provide the young children in their formative years.

I urge the committee to include my all-day activities demonstration project in the legislation before the committee today.

Thank you very much, Mr. Chairman.

Senator HARKIN. Thank you very much, Senator Gorton. I know we have discussed this in the past and I compliment you on your interest in this area and your proposal. I agree with you. Any way that we can find associations and private entities where they can join forces to extend these programs out, we can get more bang for the buck that way. So I look forward to working with you.

Senator GORTON. By and large, we get a lot more bang for the buck when we provide seed money to basically private organizations than we do with one that we just for 100 percent ourselves with Government funds.

Senator HARKIN. That is true, especially in this area.

Dr. BRAZELTON. Are you aware of the Hawaii Five-O program? Hawaii has abolished latchkey children by taking responsibility at the State level for paying for any after-school program that shows its merit, and they have literally cut down on acting out, on the kinds of things that we know these latchkey kids get into, in a significant way. You may want to look into that.

Senator LEAHY. That is fascinating. I didn't know that.

Senator HARKIN. I didn't know that either. I have to ask Senator Inouye about that.

Senator GORTON. Thank you very much, Mr. Chairman.

Senator HARKIN. Thank you, Senator. Did anyone have any questions for Senator Gorton?

[No response.]

Senator HARKIN. Thank you.

Senator LEAHY. Thanks, Slade.

Senator HARKIN. Thank you very much, Senator Gorton.

Well, just as they predicted, we have a vote at 10:00. We could start and juggle this hearing around. Are your schedules such, Dr. Sagan and Dr. Brazelton, that you could wait until we go vote and come right back?

Dr. SAGAN. I would prefer to have as many committee Members here as possible. I am glad to wait.

Senator HARKIN. If you would wait, I would appreciate it because I don't want to miss any of your testimony. So we will just call a short recess, maybe around 10 or 15 minutes, and we will be right back.

[Recess.]

Senator HARKIN. The subcommittee will please come to order. I am sad to announce that the people running the floor advise me we may have more votes this morning. The best laid plans always go awry, I guess. I have always tried to schedule hearings on Friday when we don't have any votes, so wouldn't you know it? This Friday, we have all these votes coming up, but we will do our best and persevere.

We are very privileged and honored to have two distinguished individuals leading off our panels this morning, both of whom are distinguished in each of their own areas and cross over into a lot of other areas. I just must say at the outset, any time I see an article anywhere either with Carl Sagan's name as the author or Terry Brazelton, I read it because I can't think of two individuals that I admire more for their clarity of thought and purposeful writing.

Dr. Carl Sagan is the David Duncan Professor of Astronomy and Space Sciences, and director of the Laboratory for Planetary Studies at Cornell University. He has played a leading role in the Mariner, Viking, Voyager and Galileo spacecraft expeditions to the planets, and is known for his scientific work in both astronomy and biology. He is the author, coauthor or editor of more than 20 books. His Emmy and Peabody award-winning series "Cosmos" became the most widely watched series in the history of public television.

Dr. Sagan is the 1994 recipient of the Public Welfare Medal, the highest honor of the National Academy of Sciences. He has received the Pulitzer Prize, the Oersted Medal, and many other awards for his contributions to science, literature, education, and preservation of the environment.

Dr. T. Berry Brazelton was born in Waco, Texas, and graduated from Columbia University College of Physicians and Surgeons. He became a cofounder of the Child Development Unit at Children's Hospital in Boston, Massachusetts. He has published more than 180 scientific papers and has written 24 books on pediatrics and child psychology. One of Dr. Brazelton's foremost achievements in pediatrics is his National Behavioral Assessment Scale. He is now clinical professor emeritus of pediatrics at Harvard Medical School and an active member of the Child Development Unit at Children's Hospital in Boston.

Both Dr. Sagan and Dr. Brazelton serve on the Advisory Committee to the Nutrition and Cognition Initiative of the Center on Hunger, Poverty and Nutrition Policy at Tufts University.

We welcome you both here, and I will start on my left with Dr. Carl Sagan. Again, welcome to the subcommittee, and proceed as you so desire.

STATEMENT OF CARL SAGAN, DIRECTOR, LABORATORY OF PLANETARY SCIENCES, CORNELL UNIVERSITY, ITHACA, NEW YORK

Dr. SAGAN. Thank you, Senator Harkin. May I say I share your admiration for Dr. Brazelton.

Thomas Jefferson said if a Nation expects to be both ignorant and free in a state of civilization, it expects what never was and never will be. There is a class of social problems where a relatively modest early investment has an enormous payoff later. Ignorance is such a problem. The cure, of course, is education, but education often is not enough. There is recent evidence that malnutrition and undernutrition are long overlooked and important factors in determining the ability of children to learn.

A recent national survey done for the Department of Education paints a picture of a country with more than 40 million illiterate or barely literate adults. Other estimates are much higher. It depends on the definition of "literacy." The literacy of young adults has slipped dramatically in the last decade. The vast majority have no idea how bad their reading is.

Only 4 percent of those at the highest reading level are in poverty, but 43 percent of those at the lowest reading level are. Although it is not the only factor, of course, the better you can read, in general, the more you make, and you are much more likely to be in prison if you are illiterate or barely literate.

My written testimony today, Senator Harkin, comes from an article that I wrote with Ann Druyan in the March 6, 1994, issue of *Parade*. The two of us come from families that knew grinding poverty, but our parents were readers. One of our grandmothers learned to read because her father, who was a subsistence farmer, traded a sack of onions to an itinerant teacher. She then read for the next 100 years; she died at the age of 103.

Our parents followed prescriptions on childhood nutrition recommended in the 1930's by the Department of Agriculture as if they were handed down from Mount Sinai, and I remember this book on how to take care of your children from the Department of Agriculture on its last legs, with pages scotch-taped back together again, in a position of great respect in our household.

For a while, my parents gave up smoking, which was one of the few pleasures available to them in the Depression years, so, as an infant, I could have some vitamin and mineral supplements. I wish, actually, they had continued that, but Annie and I were very lucky for that reason.

Recent research shows that many children who do not have enough to eat wind up with diminished capacity to understand and learn—what is these days called cognitive impairment. Children don't have to be starving for this to happen. Even mild undernourishment, the kind that is most common among people in poverty in America, can do it. It can happen before the baby is born if the mother isn't eating enough. It can happen in infancy, it can happen in childhood.

When there isn't enough food, the body has to make a kind of decision about how to invest the limited foodstuffs available to it. Survival comes first, growth comes second, and in this kind of nutritional triage the body seems obliged to rank learning last. It is sort of better to be stupid and alive than smart and dead. But the net result is that there are possibly severe learning impairments from not having enough to eat.

Instead of showing an enthusiasm, a zest for learning, as most healthy youngsters do and which is a tool of our survival, the undernourished child becomes bored, apathetic, unresponsive, and more severe malnutrition leads to lower birthweights, and in its absolutely most extreme forms to smaller brains.

What was once considered relatively mild undernutrition is now understood to be potentially associated with lifelong cognitive impairment. Children who are undernourished even on a short-term basis may have a diminished capacity to learn for the rest of their lives, and millions of American children go hungry every week. Also, just parenthetically, lead poisoning, which is endemic in inner cities, also results in serious learning deficits.

I think Senator Leahy was absolutely right when he said that this was a national security problem because when millions of children grow up with diminished capacity to learn, it affects all areas of the Nation, including the economy.

Some programs that have been wisely instituted on the Federal or State level deal with malnutrition. The Special Supplement Food Program for Women, Infants and Children, called WIC, the School Breakfast and Lunch Programs, the Summer Food Service Program—all of these have been shown to work. All of these are con-

nected with the legislation before your subcommittee, Senator Harkin, although they don't get to all the people who need them.

I would like to just read a passage from the recently published book *Starting Points: Meeting the Needs of Our Youngest Children*, published by the Carnegie Corporation of New York, on WIC. "Participation in WIC," they say, "reduces by 15 to 25 percent the chance that a high-risk pregnant woman will deliver a premature or low birthweight baby. It increases the likelihood that these women will receive early, regular prenatal care and that their children will get regular pediatric care and immunizations. Mothers and children who are at greatest risk—those who are poor, minority, and poorly educated—benefit most.

WIC's cost-effectiveness has been clearly demonstrated. Because it significantly reduces the chances of prematurity and low birthweight, and thus, avoids the extraordinary costs of neonatal intensive care that these conditions typically entail, the savings can be substantial. The average cost of providing WIC services to a woman throughout her pregnancy is estimated to be less than \$250; the costs of sustaining a low birthweight baby in a neonatal intensive care unit for 1 day are many times that amount. Despite its demonstrated success, however, WIC has never been fully funded. It currently serves some 4 million women and children, out of an eligible population of 7 million." I very much hope that the deliberations of this committee can push the availability of WIC toward 7 million.

In its early days, this Nation had one of the highest, perhaps the highest, literacy rates in the world. Of course, women and slaves didn't count in those days. As early as 1635, there had been public schools in Massachusetts. Political theorists came from other countries to witness this national wonder—vast wonders of ordinary working people who could read and write and debate and argue. Our devotion to education for all propelled discovery and invention, a vigorous democratic process, and an upward mobility that pumped our economic health.

Today, for various reasons, including undernutrition of the very young, the United States is not the world leader in literacy, nor is it the world leader in infant mortality. In fact, it is at the low end of the industrial nations in how many of our babies we manage to save.

Many of those judged literate are unable to read and understand very simple material, much less a sixth-grade textbook or an instruction manual or a bus schedule or a mortgage statement. The sixth-grade textbooks of today are much less challenging than those of a few decades ago, while the literacy requirements at the workplace are more demanding than ever.

The gears of undernutrition, poverty, ignorance, hopelessness and low self-esteem all mesh to create a kind of perpetual failure machine that grinds down dreams from generation to generation. All of us bear the cost of keeping this machine running and illiteracy and, to the extent that it contributes, undernutrition are the linchpin of this failure machine.

Even if we were able to harden our hearts to the shame and misery experienced by the victims, the cost of illiteracy to all of us is severe—the cost in medical expenses and hospitalization, the cost

in crime and prisons, the cost in special education, the cost in low productivity and in potentially brilliant minds who could help solve the dilemmas besetting us.

Even if we didn't have a microgram of compassion in us, it would still make sense to take heroic steps to avoid undernutrition and malnutrition in fetuses, infants and children, and to make reading available and attractive to all Americans. This will not solve all our problems, but it will take us far.

Senator Harkin, that is the end of my prepared statement. I did want to just make a remark to Senator Craig, who asked for some scientific underpinnings, and I would like to perhaps add to the record, or at least give to Senator Craig, the statement on the link between nutrition and cognitive development in children prepared by the Center by the Hunger, Poverty and Nutrition Policy at Tufts University, which has some nice scientific references in the back.¹⁶

Thank you.

Senator HARKIN. Without objection, we will make that part of the record, too.

Senator HARKIN. Thank you very much, Dr. Sagan.

Senator HARKIN. Dr. Brazelton, again, welcome to the subcommittee, and please proceed as you so desire.

STATEMENT OF T. BERRY BRAZELTON, PEDIATRICIAN, CHILDREN'S HOSPITAL, BOSTON, MASSACHUSETTS, AND PROFESSOR EMERITUS, HARVARD MEDICAL SCHOOL, CAMBRIDGE, MASSACHUSETTS

Dr. BRAZELTON. Well, thank you, Senator Harkin. I am delighted to be here with you guys, and particularly with one of my heroes, Carl Sagan. But, Mr. Craig, you have my 9-month-old grandchild in Sun Valley as one of your constituents, so I want to be sure you do right by him.

[Laughter.]

Senator CRAIG. Doctor, I can't testify to what he is eating, but I can tell you the air he is breathing is very healthy.

[Laughter.]

Dr. BRAZELTON. OK. Well, let's keep it that way, can we?

The other thing I wanted to say to Senator Leahy was that I wore one of these Save the Children ties to the White House and Hillary said, oh, Bill has one like that, and I started to say Bill who and then I thought I would keep my mouth shut.

[Laughter.]

Senator LEAHY. It is good you remembered.

Dr. BRAZELTON. They are prevalent.

It is a great pleasure to be here and to have an opportunity to talk to you about not only the deficits of a feeding program, but the opportunities that might be associated within it. I was thrilled to hear Senator Gorton talk about what could be tied to feeding programs, and not just additively, but synergistically. When you tie feeding and something else, like cognitive input or emotional input, you are getting a synergistic effect, not just a simple additive ef-

¹⁶ Retained in Committee files.

fect. I think that is maybe what we all are looking for now in these times of rather desperate funding, and so forth.

Well, I have been a pediatrician for over 40 years and have seen 25,000 children run through Harvard and MIT, and so forth, where I have practiced, and most of them were middle-class or working class. So until I went over to Harvard to teach full-time, I wasn't as aware as I have become since of the power of undernutrition on children's effective development and activity.

I did have chances to look at this across cultures, and just to go back to what you asked for, Senator Craig, the first opportunity I had was in Guatemala with PAHO, the Pan American Health Organization, and the World Health Organization. They were studying a series of families that were being raised on the eastern slopes of Guatemala who were on a nutritional diet of 1,400 calories a day at a time when a pregnant woman probably needs 2,200 calories.

We could tell you successfully by the baby's behavior on the first day or second day whether the mother was on 1,400 calories or 1,800. The baby's behavior was so significantly affected. We tried to give them a terrible tasting supplement called Incaparina, but the mothers wouldn't take it. The mothers who were chronically undernourished were anorexic, and anorexia, it turns out, is a protective factor. If you are chronically undernourished, you are really not that hungry.

So unless we tied with the supplement the reason for taking this—if you want a smart baby, if you want a baby that will do whatever their goals we could identify might be—they wouldn't take the supplement. If they took it at all, they would take it home and spread it around the family, which any mother would do if she needed food for her family of 4 or 5 children. So just giving people the opportunity for supplements or food stamps is not going to work the way we want it to.

However, if you take that as an opportunity to tie it to some cognitive or emotional reason that makes sense to the recipient, then you get the effects that we have seen from WIC. For my money, the reason WIC has worked is that it gives credit back to these poorly served, underserved populations by saying this is why it works, this is why you are doing it, you have your baby's well-being in your hands. We give mothers back a self-image, as well as the supplement.

Now, I would look for that in any of the Food Programs you are aiming for. I would look for that chance to outreach and give them back something in the way of a self-image. It is so easy to do. We know how to do it. It doesn't take a lot of time; it just takes attitude. WIC is a prime example of that; Head Start is, too. Both of the two successful national programs have included parents as their goal.

What we learned in Guatemala, though, is very significant. These babies whose mothers were on 1,400—if we compared them to a group that were supplemented up to 2,000 calories, not only was their behavior different, but their head size was different, and the postulation was that as much as 40 percent of the number of brain cells that might have been there through DNA replication were not replicated under the effects of malnutrition.

Since that study, we have learned a lot more. You not only have less cells in a brain that has been undernourished through pregnancy, but you have smaller cells more vulnerable to the normal events around labor and delivery. All infants go through hypoxic periods in labor and delivery. If you have vulnerable cells, you hit a period of low oxygen and it sticks.

Now, the other thing we have learned is that the brain is sparser; not only smaller and fewer cells, but Sidman at Harvard has shown that the immature brain cells start in one part of the brain and migrate to their final resting place. Under the effects of malnutrition or chemicals, like drugs or heavy smoking, they stop significantly less times as they migrate.

A normal baby will stop, stop, stop, stop and set up multiple dendritic connections with the rest of the brain. Under the effects of deprivation or chemicals, you have significantly less stops, and so you have a sparser brain and one that doesn't get organized as well.

At school age, these same Guatemalan kids that we were studying had 10 to 15 IQ points' difference, and you could say, well, that is not so very much, is it? Well, it is if you are on the borderline, and if you have a 90 or 100 IQ and are trying to function in school, it makes the difference between success and failure.

What we saw in the neonate was exactly what I think we see on street corners. If you would pick up a normal neonate and hold him with his head here and his bottom here and say, hi, how are you doing, come on, you can turn to my voice, come on, you can do it, any normal neonate will stop moving. They will turn to your voice and when they find out where it is coming from, they arch forward like, hey, there you are.

If I put a mother over there and we both talk, any newborn will pick the female voice, turn to her face, look her in the face, and she automatically—I have never done this yet with a woman that didn't grab her baby and say, you know me already, like it was a miracle.

[Laughter.]

Dr. BRAZELTON. I even do it with fathers now. If they tell me they have talked to their fetuses, I say wouldn't you like to play this game? The fathers all say, no, they won't know me—you know, macho types. But when I can get them to do it, 80 percent of babies choose their fathers' voices over mine, and the other 20 percent I tip their heads.

[Laughter.]

Dr. BRAZELTON. At that point, every father does what the mother does, grabs it and says, you know me. So this behavior on the part of the baby, and there are 26 of these in the neonate, capture the environment to that baby and make them not only attached more significantly, but in our research understand the baby's cues and are locked into that baby in a significantly different way right straight through infancy and childhood.

We conducted a study here at Howard University with unwed fathers. We found that if you can hook them in the neonatal period, those fathers stay significantly more attached to their babies, but also to their babies' mothers, to whom they are not married, and

at 7 years these kids have a higher IQ and a better sense of humor. How about that for an outcome? So we are talking about not only cognitive acquisitions, but emotional acquisitions that you have an opportunity at.

Now, if you do the same thing with these undernourished babies in Guatemala and hold them just like I told you, that baby will arch, frown, turn away, spit up, turn blue around the mouth, show you in every system, you have overloaded me. If you pick them up to hold them on your shoulder—and most babies will pick their heads up and nestle in the corner of your neck—these babies arch away from you or slip through your arms.

So every neonatal behavior that a mother or a father depends on for attachment gets turned into something negative in these undernourished babies. They are limplike sacks of meal, or hypertonic or show you mild CNS disorders that are interfering with their behavior that would capture the environment to them.

Now, we found in Guatemala that if you said to one of these mothers with a baby like that, how often do you feed your new baby, they would tell you, oh, whenever she wants it. If you stayed in the household to clock that, it would be 3 times per 24 hours in the next few months when catchup from the effects of malnutrition might have occurred.

So if you go back to that sparse brain and you add to it something that we have just come to in the past 10 years, that there is fantastic plasticity in the human nervous system—the plasticity is out of proportion to anything any of us ever understood or looked for. Now we have an opportunity to supplement undernutrition at critical times to capture the plasticity. If you give a brain that has been underdeveloped, or even insulted this opportunity, it will call into action redundant pathways in the immature nervous system that would drop out in the next year-and-a-half if we didn't go after them, but can be brought into use to supplement the behaviors that might have been impaired.

We see evidence in blind babies of their hypersensitivity to auditory, tactile, kinesthetic. We see it in all kinds of babies, and now in the epidemic that we are seeing in crack and cocaine babies we think that 85 percent of them, if this plasticity were respected, could be brought into a system in which we could recover them. Undernutrition is one of the main ways these effects can happen. Of course, in poverty groups, undernutrition is usually associated with exposure to alcohol or toxic chemicals.

Poverty, which most of these kids are born into, should become our real target. Of course, if we could get there in pregnancy and bring people into the system and give them prenatal care, we would cut out, as all of you know and we all hear all the time—Carl talked about it—we would cut down on prematurity, on the kind of impairment that we see in babies that we don't get to in pregnancy. So pregnancy ought to be our first goal.

Our second goal could become the newborn baby. In fact, we could map out the times at each of the stages in development when parents are available for intervention. When a child is learning to walk, any parent needs somebody backing them up. That kids screams all night, all day, drives mothers up the wall. They are ready to throw their kids against a street corner, and yet, if a sup-

portive person can be there to say, "Oh, isn't he great, he is going to be on his feet in another month," a mother can get through that without a crisis, and she can make it. We can map out the times when parents need you.

Now, if we set our feeding programs up to reach out for people and bring them in at these appropriate times in their infant's development and in their development as parents, I think we would be reaching people that we have no concept of reaching at this point, and I would like to urge you to think about this opportunity around feeding programs.

The other thing that we have learned is that the babies that are in our face-to-face research—we do research with small babies and their parents in what we call an attachment paradigm. We place them out in a baby chair and then have the parents go in and play with them for 2 minutes. They set up an expectancy for interaction. By 3 months, the baby and the mother are going, ooh, and the mother will go, how are you doing, and the baby will go, ooh, and the mother will go, come on, give me another, and the baby will go, ooh, a second and third time.

We violate that expectancy—set up in the first 2 minutes, and send the mother in with a perfectly still face. She isn't to respond to that baby in the second 2 minutes, we are finding some very disturbing things. Girl babies, whose mothers are depressed or undernourished, are likely to set up an expectancy for unresponsiveness. The mother has been interacting in an unpredictable or withdrawn way in the first 3 months, the girl babies are likely to give up and turn away and gaze avert. Boy babies begin to act in angry or violent ways at 3 months, and by 6 months it is very clear that they are not going to put up with this kind of unpredictability from their parent.

We think we are on the track of the earliest precursors to violence. These are undernourished, hopeless, unreached young parents who set up a kind of paradigm for failure. I think this is really important to think about. Now, if we use this nutritional paradigm to reach out and try to bring these people into the system, couldn't we change that paradigm?

The next indication that I would like to point out to you is that at Children's Hospital in Boston we can tell you which kids at 9 months expect to succeed and which expect to fail by their behavior by 9 months. We can observe a difference in behavior between the ones that are going to make it and the ones that aren't.

We give them two blocks and show them they can bang those two blocks together. A baby who expects to succeed will take one block and drop it and see if you will pick it up for him. When you pick it up, he tries to tease you again, and you say, go on, put them together. He frowns and puts them together and then he looks up at you, like, aren't I great. Now, that kid is already out for success.

You give that to a child who is undernourished, who doesn't feel good about himself, who has never been paid attention to, or who has some of the learning disabilities that Carl talked about that come from interuterine or postuterine malnutrition. Those kids take the two blocks dully, put them close, but then make them slide by each other, and then comes the symptom. They look up at you like, hit me again, I am no good. Then at 12 months, when you

show them how to pile two on together, they knock one off, and then comes the look up at you for failure.

At 15 months when they walk across the room, they trip, and you say what did he trip on, and then he crows to look up at you like this. At 18 months, he makes you want to strangle him, and then comes that cowed look which makes a surge of anger arise in the recipient.

I think these kids tell us very early. We not only can recognize kids that are on this bent, but we can change it. Take these learning-disabled kids or these kids with attentional disorders—

If you feed them appropriately before you ask them to get into this learning situation, they change significantly in front of your eyes. Now, we are talking about disordered nervous systems that are having to compensate, having to overcome interferences. But with nutritional supplements, they can make it. This is a real challenge. Can't we pick these kids up and say these kids need something special?

Then I would go back to your question about do we want the Government to be doing this. We have to have the Government say this is important and then we can turn it back to people who can see that it gets implemented in a very personalized way because it has got to be done in a personalized way.

I think the opportunity to make it work has been already demonstrated by WIC and by the school feeding programs, and I guess I am here just to point out that if we don't do it—I go back to William Woodhead's comment when somebody said, well, isn't it going to cost a lot to do this, and he said, compared to what? The cost out here is going to be so much greater than anything we put in down here. I just don't think cost had better stop us up.

Thank you.

Senator HARKIN. Dr. Brazelton, thank you very much for a very provocative, and I mean that in a good sense, statement because it provokes thinking, and I think you have provoked reactions in all of us who are sitting up here.

You said that pregnancy ought to be our number one goal. I take it by that you meant that focusing on prenatal care for children is the number one goal. I didn't misinterpret that, is that right?

Dr. BRAZELTON. Right.

Senator HARKIN. And, second, newborns as a second goal?

Dr. BRAZELTON. You realize I am biased.

Senator HARKIN. I understand that. Let's take the second one first on newborns. We do have the WIC Program. It has been a successful program. We know that. We know all the statistics; we don't have to go over that again.

Could you talk for a few minutes about the role of breast feeding and what role breast feeding should have or should not have? Is it an important factor? Is it something we ought to be focusing on? What are your thoughts on how we ought to be focusing on breast feeding for newborn infants?

Dr. BRAZELTON. Well, again, you get me as a biased person. I think any pediatrician would immediately be biased pro breast feeding because it carries—well, should I go into all of the things that it carries with it?

Senator HARKIN. Go right ahead. Again, I know it is repetitive, but I think it bears repeating because I think it is that important.

Dr. BRAZELTON. Me, too. It is the milk that was made for humans. Milk that has been made for cattle or calves is different and it places a different kind of physiological demand on the developing organism. Fortunately for all of us, cow's milk works, but it carries with it a very slight but real cost, and to some kids who are allergic to cow's milk, it carries a lot of cost. So breastmilk is the optimal, and we even give it now to very high-risk prematures who are intolerant to cow's milk.

When we are trying to wean them over from intravenous feedings to oral feedings and they have either a short gut that is very hypersensitive or whatever, we start out with little bits of breastmilk and we can get away with it. They fed a baby at the Children's Hospital the other day by mistake a little bit of formula, the same amount that we have been giving breastmilk to this baby all the way along. The baby went into shock. So these vulnerable kids show us the kind of leeway that we are working with.

Breast milk is certainly appropriate. It carries with it immune bodies that are appropriate, particularly these days when otitis media and recurrent ear aches are becoming one of our major health problems in infancy, and breastmilk certainly helps protect from ambient infections.

The main thing, I guess, and there are probably others in the audience that can go through a whole list, is something that I feel very strongly about. In the area of attachment, of interaction, and of the shaping of the baby that I was talking about as I described our face-to-face experiment, we see so much shaping going on by the environment. The breastmilk is a wonderful, wonderful way.

Mothers who are working all day say, oh, I have got to wean, I can't do this, and I say, gosh, come home at the end of the day and you have been away all day and you can pick up that baby and get close again. Isn't that wonderful? Well, the thing that was so exciting was something we did a long time ago. When a baby is sucking, they suck, suck, suck, suck when they are hungry for about a minute or two—suck, suck, suck. Then they fall into what is called a burst/pause pattern. They suck, suck, suck, pause; suck, suck, suck, pause; suck, suck, suck, pause.

Anybody who has a baby with a bottle will jiggle them at the pause to make them eat. If the baby is at the breast, the mother will go, come on, and tickle the mouth, or say, keep going, keep going. You say to the mother, what did you do that for? She will say, oh, I want him to keep going.

So Kenneth Kaye and I did a study on the pauses where the mother or the nurse did something and the pauses where they didn't. The pauses where they did something became longer than the ones where they did nothing. Their goal was to get the baby to eat. The baby's goal was to get the interaction with the mother and the closeness. As soon as you can point that out to a mother, she begins to pay attention to those pauses and she says, this is the best time, isn't it, and she begins to talk to the baby. So breast feeding becomes an interactive system which I don't think any parent can not respond to, any sensitive parent. It carries with it very subtle, important messages beyond the nutritional ones. Of course,

I feel that about offering nutrition in general. We should couple it with nurturing in other ways.

Senator HARKIN. Well, as a strong proponent of breast feeding, and I have been all of my adult life, having served in various capacities on different entities dealing with promotion of breast feeding in this country and around the world, it has always been a struggle on my part in also being a strong proponent of the WIC Program which, of course, provides infant formula to low-income mothers who may not have the proper information, although now we have done something in the recent past to provide an educational basis—and we will hear from some people later on about that—to get information out to low-income women that breast feeding is the best way to go and they should do that.

It is always a tough battle because, well, if women can get that infant formula and it is there, and especially if they see these wonderful ads with this very beautiful woman usually dressed in very fine garments in a wonderful, beautiful setting and the images that that portrays that somehow if you feed formula you can be like this woman in this wonderful setting and everything, there is that kind of an impact upon low-income women.

I just wonder if you have any thoughts about the need for better education to go along with the WIC Program. Now, I don't want to deny anyone the access, of course, to formula, and we have seen studies done in the Program that show that if low-income women during their term of pregnancy get the right amount of information and education on the benefits of breast feeding, and perhaps little incentives after that—if they will breast feed—maybe they will get some incentives in terms of other food supplements that they can get—they will go to breast feeding. I just wonder if you have any thoughts on that.

Dr. BRAZELTON. I sure do, and I think it goes back to the same thing—when I was on the National Commission for Children with Jay Rockefeller and we came up with the statistics that we came up with—which actually are the same as they came up with at Carnegie, we realized that we were the least child-and family-oriented society in the world. However, we could point to two programs that really changed that image; one was WIC, and one was Head Start.

To me, the two carry with them not just what their goals are—in WIC it is nutrition; in Head Start it is education—it was the way they were done and the way they were reached out for. I would say that with WIC, if you tried to pull apart whether it is the nutrition that is making a difference to that baby's development or the backup for the young mother, I will bet you would find it was weighted in the direction of the nurturing the nurturing the mother gets when she comes in and people are trying to encapture her and teach her how to nurture.

So I would go after it that way, and I would say that the WIC Program ought to be aimed at promoting breast feeding with women who listen and can hear you, rather than give them supplements. I would give them all the kind of backup that we know how to do now. The ones who can't breast feed, then back them up for the kind of adjustment they have to make. If you were going to back up a woman who was breast feeding and she had four other

kids at home, I would use the WIC supplements to give to those other kids so she felt less guilty about doing so well by this baby but not so well by the four at home.

There are many innovative things you could do like that if your goal was to reach people, not just to feed them, and I think that would be where I would suggest that WIC go next.

Senator HARKIN. Thank you very much, Dr. Brazelton. I have some questions I want to propound to Dr. Sagan, but I will yield first to my Ranking Member, Senator McConnell.

Senator MCCONNELL. Well, Mr. Chairman, I just want to thank both of the witnesses for very, very impressive testimony. We have a lot of witnesses and I will not pose any questions, but I do want to thank you both. It was extremely impressive.

Thank you.

Senator HARKIN. Senator Kerrey?

Senator KERREY. Well, Mr. Chairman, I not only applaud you, but also the administration for the introduction of 1614. I would say that in Nebraska, and I suspect Nebraska is not unique at least in this regard, the most troubling issue before adult citizens today is the status of our children, particularly our adolescent children.

In a recent published report that did an evaluation of health and safety factors nationwide published by an organization called Kids Count, Nebraska rated fifth in the Nation on safety and health factors, all things taken into consideration. But there were three statistics that revealed that even in a State where there is good news, there are significant problems.

From 1985 to 1991, the rate of violence crimes perpetrated by children between the ages of 10 and 17 increased 36 percent. Out-of-wedlock teenage births increased 34 percent, and teenage children who are neither working nor in school also increased 33 or 34 percent.

In addition to Head Start and WIC, I see two really large American institutions, hospitals and schools, that we have created using tax money to, on the one hand, provide an education in our K through 12 environment and, on the other hand, to try to provide good health, or as I would say it, treatment of sicknesses as opposed to necessarily the development of health. But, nonetheless, they are both approximately the same size.

We withdraw from the gross domestic product annually about \$400 billion for each one in the form of taxes—property taxes, sales taxes, income taxes, all sort of things—and we organize these institutions in much different fashions. It seems to me, as I look at the institutions, that what occurs is that I will spend anywhere from \$5,000 in a hospital environment, where the costs are relatively low, up to \$12,000 to deliver a baby.

It used to be 2-day normal vaginal delivery. Now, the payers are picking up the tab for 1 day. I must say, if I was a woman, I would protest that policy, but that is a separate issue—2-day normal vaginal delivery, \$12,000, down to \$5,000 or so for delivery of a child. Then the child is sort of gone, and if there is a Head Start program or WIC program, based upon categorical need they can go and get some assistance, but essentially we wait until they show up in school 5 years later with the very problems that you have identi-

fied, and increased, both because we are doing a better job of identifying and because there is increased stress and tension in the family and for all kinds of other reasons, with attention deficiencies and hyperactivity and learning disabilities of all kinds.

Dr. Brazelton, as a physician, I would appreciate, if it is possible—I don't know if you are doing Q and A at this point, Mr. Chairman. Are you just doing opening statements?

Senator HARKIN. No. We are in the questions and answers.

Senator KERREY. OK. One of the things that troubles me about our health care system is if I give a condition a definition, it typically occurs that after the definition funding follows. So, for example, if an adult suffers some sort of cerebral damage—let's say a stroke—we give it a name of a stroke and we then mobilize a very impressive multidisciplinary rehabilitative effort to try to help that adult get back to the home, and so forth. I mean, it is very impressive, the new multidisciplinary efforts to help that stroke victim. It has got a name. Health insurance companies will pay; Medicare pays. We have constant descriptions of what we need to do to improve the quality of care for individuals who are stroke victims.

But a child leaving a hospital, it seems to me, from what you have said, has a brain that is continuing to develop for—what, another 24 months? They are every bit as much at risk as that stroke victim, but we don't give it a name. We haven't given it a medical definition. As a consequence, no funding occurs. So what we have to do is beg for special categorical grants for WIC and for Head Start, and so forth. The health care institutions don't respond.

Now, I am not suggesting that in the health care community there is no eleemosynary instinct. Quite to the contrary, we heard very moving testimony yesterday on rural health care from a family practitioner in Kansas describing an incident where at 2:00 in the morning he goes down and delivers a baby and the sorts of things that he went through. I am not suggesting that they are not eleemosynary, but I do know that like all other human beings, if there is payment made, it is much more likely that the care is going to be provided.

I am very much interested in your ideas on whether we should change the rules of financing by perhaps describing that baby when it leaves the hospital, in all cases almost, at risk because it seems to me they are at risk. Too often, we look for labels to place on at-risk kids, and it seems to me that of the 3 million live births that we will have in America today, they are all at risk. They are all extremely vulnerable for a 24-month period during which the brain develops and if—I love the word “insult”—if the brain suffers an insult. I wonder if that is what has happened to all of us.

But I am curious as to whether or not you have any ideas on how we might in this health care debate change rules of financing to provide incentives to minimize that risk.

Dr. BRAZELTON. Well, yes, I certainly have some ideas. Again, they come from the strong bias of prevention. One reason I have gotten involved in the health care planning with Mrs. Clinton was to keep reinforcing the fact that prevention will save us enough to pay for all this out here, but also prevention has an opportunity to do something way beyond anything we are doing right now. I would even hope that this nutritional supplementation that you are talk-

ing about could be incorporated into a preventive system if we got it going in a proper way.

I have testified for Chris Dodd and his subcommittee, and I was followed by a pediatrician who pointed out to me something very critical, that unless we point out what we mean by prevention very clearly in the front loading, it is all going to go to the elderly because the AARP is so good at it. So I think we have to be very careful—

Senator KERREY. If I could interrupt, I am not sure it is so much the AARP as the medical community—

Dr. BRAZELTON. Same thing.

Senator KERREY. There is no comparable term to the word "stroke" on that infant when the baby leaves the hospital. There is no comparable word that, because it is applied, I now have a multidisciplinary response to make sure that there is job training, health care, that the mother and father—

Dr. BRAZELTON. Then I think it had better be at a conceptual level that kids who have been through either interuterine or postuterine stress are at high risk and had better be paid attention to. I have been fighting to have four opportunities in the first year of 30 minutes each, interspersed at each interval, at which the only attention to the kid is not immunizations or a physical checkup, but how the child is developing and how the parents are relating to that child.

We can do that. It wouldn't take us but 30 minutes, and we could have one person just assigned to each clinic doing that. We would then have a fix on the kids that are developing in a deviant way or that are showing us some of these precursors that we are aware of now that might lead to violence, dropout, learning disabilities, hyperactivity, all of these things, because we do know now how to identify those kids early. If we do, couldn't we start the intervention back in there in just the way you suggest? But that would mean we would have to pay some attention to it in a way that we haven't so far.

Senator KERREY. Thank you, Mr. Chairman.

Senator HARKIN. Thank you, Senator Kerrey.

I am delighted to have Senator Lugar here. I appreciate your being here.

Senator LUGAR. I appreciate your statement, Dr. Sagan, on literacy, and I would like to ask both of you for thoughts about strategies for getting information to these mothers we have been talking about in these first months. Clearly, the amount of information is more and more abundant, sometimes argumentative and contradictory, but still abundant. However, it is not clear that we have devised ways to ensure that the people most at risk, the mothers and the infants that we are talking about, are recipients of this information.

Some of this dissemination, of course, is the Government's responsibility. This information transfer also can occur through contacts with professionals. Both of you are remarkable communicators, gifted with all of the multimedia that we have available in society. I am curious as to strategies which you would emphasize if we were to allocate dollars just for communication and for information on these vital topics.

Dr. SAGAN. I was saying earlier, Senator Lugar, about how in my childhood my mother treated as if it had been handed down from Mount Sinai a Department of Agriculture book on how to raise and take care of your children. It was the first one done in the 1930's. But she could read, and here we have a cycle in which, if you can't read and you don't know this information, how does it get to you?

It seems to me if I were in your shoes and trying to really push this, I would go to a range of unconventional methods. I would try to encourage churches to communicate to their people, to their ministers, in sermons and in Sunday schools, the importance of such nutrition. I would try to get it on MTV. I would try to encourage rap music about it.

I think the issue is so important that it really is worthwhile doing more than just issuing press releases and then saying, well, we have done our job. There are a lot of people in the entertainment industry, for example, who I think would be willing to cooperate, if approached in a sufficiently flamboyant way, and it is not very difficult.

There are, as Dr. Brazelton was saying, all sorts of built-in human predispositions in this direction. I mean, women do have a predisposition to hug and breast feed and love their children. There is just a little encouragement needed. Also, on the question of perinatal malnutrition, if there are sources of food available to the pregnant mother, then it is not just enough to say, here it is. You have to explain why it is important and why it is important for the health and well-being of the child, the future of the child. Everybody is concerned about the future of their children. I think it would be like pushing an open door, but it has to be pushed.

Dr. BRAZELTON. I would add to that the ethnically sensitive and socioeconomically sensitive innovative programs that we have turned up in the past few years, starting with the Children's Defense Fund and then all of the people represented in this audience who have been doing outreach. We have found how little it takes. You know, I think it is amazing how little it takes to reach out into a community and capture people for their children; maybe not for themselves, but for their children.

Parents as Teachers is one of those where you bring in somebody from the community who talks the same language, has the same value systems, and you give them a little bit of training. I am on their board and I didn't think it would work at all. It has worked because they go back into the community, round people up for just what we are talking about, and they do it.

I saw this in action in Juarez because El Paso has realized that their 500,000 population is dominated by the health care of the 1.5 million across the border. What they have done is capture all the elderly women in the community that have the respect of people, send them out, and drag these young women in with their children for immunization and preventive health care. It is very successful.

So I think we have ways of doing it now and if we are sensitive to ethnic differences and to socioeconomic differences and really

have the heart behind it, I believe people will be more responsive than we have ever dreamed of. It certainly has been true in WIC.

Senator LUGAR. Thank you very much. Thank you, Mr. Chairman.

Senator HARKIN. Thank you, Senator Lugar. That was a good question. You have me thinking about it, too, now. That is good. Thank you.

Senator Craig?

Senator CRAIG. Mr. Chairman, thank you. Doctors, thank you very much for your both impassioned and, I think, very accurate statements as to nutrition as it relates to child development and the phenomenal value that it has.

My Colleague from Kentucky, who has now left, and I and all of us on this panel, but he was the one who mentioned it, have struggled for a good long while, recognizing that WIC is a quality program, but we struggle with resources to fully fund it, and we have never really ever done that. Dr. Sagan, you mentioned that large number out there that are served, but the larger number, or a larger number, that are not served.

My question to both of you is, if you had to sit in our shoes and make choices, and we have to make choices, if those choices had these kinds of components—one, to change or modify the WIC Program to expand its characteristics or its roles—for example, some will suggest that it ought to get beyond supplemental feeding now to additional foodstuffs—or to fully fund that which is currently the Program—if those were the two options, what would you opt for based on your experience and knowledge?

Dr. SAGAN. I should say that my experience and knowledge on this issue is far inferior to Dr. Brazelton's, and I would gladly defer to his comment, but it seems to me if there are 7 million eligible people for WIC, only 4 million of whom are being provided for, the most urgent thing is to provide for those remaining 3 million, and then upgrading what is available to all 7 million might be the next step.

The kind of triage choices that Members of the House and Senate have to make is agonizing, and always in this narrow manner; that is, the choice here was not between going from 4 million to 7 million or buying three attack helicopters. That is not the choice, and that is probably roughly the exchange of value, because that is a different committee. Maybe some of you are on that committee, but the structure does not permit backing off and looking at the overall interests.

Here, I would say again this is a question of national security versus another issue of national security, and what is the proper mix. I personally think that \$270 billion, plus hidden costs, in the Department of Defense budget, with poor, malnourished children not having enough to eat—that is an imbalance strictly in the context of national security.

Senator CRAIG. Thank you. Doctor?

Dr. BRAZELTON. Of course, I couldn't agree more with what Professor Sagan has just said. I would say that I would like to see you put more emphasis in WIC on the opportunity for capturing these people for not only the outreach system that I hope we are going to have in place with the health care preventive system and others

that I hope we are turning toward in this country, but also giving back to them a sense of I know how to do it for myself and for my kids.

So by the time you got to supplementary foods, if you have done it well enough in the beginning, you have innovative women, like one I saw the other day chewing up supplementary food and spitting it into her 6-month-old baby's mouth, like the Greek women do in the Greek islands. Why not? She couldn't afford to buy baby food, but she could afford to chew up her own food and give it to her baby.

Now, that kind of self-image, I would say, would be what I would be aiming for, and the supplements that we were giving her would be just part of that. I would like to see the Programs really aimed at enlarging—

Senator CRAIG. The human component. So you are suggesting that if there is modification, you might weight your experiences slightly toward that?

I would certainly say that what new resources we are going to put on this, we want to see go into reaching out for people in a way that is going to increase their sense of responsibility and self-image.

I feel that way about all of the things that are about to happen on the Hill, and they can be done either punitively or supplementarily. If we go after welfare right now and do it punitively, we are going to do more harm than good. If we did it in a supplementary way, we could do a lot of good. So I feel that about the food supplements that you have in your hands.

Senator HARKIN. Thank you, Senator Craig.

Let me just follow up with just a couple of observations. One, we are hoping, obviously, that the family and medical leave bill that was passed and signed into law will promote better use of breast feeding because now women will have some time off and hopefully be able to use that time to breast feed.

Second, I appreciated Senator Lugar's question on outreach and communications. That is most difficult. We have had some good thoughts on that. Let me proffer perhaps two other thoughts on that topic. We have had testimony in the past on two different types of programs. One was—and I am sorry I can't remember the name of it. I asked my staff and we can't seem to quite put our finger on it.

Dick, maybe you know it. It is where they used grandmothers of the same ethnic, racial and religious background to come in. They are not professionals or anything like that, and they come in and provide that kind of counseling for young mothers. It has been very successful where it has been tried.

The second is an offshoot of a program that I have seen work wonders. It has been a very successful program, although very small, the FNEP, the expanded Food and Nutrition Education Program, again where they take young low income women—the extension service runs it in the States—and they teach them how to buy groceries, how to cook meals, how to plan a menu, how to do all these things important to nutrition. Once participants get going on it, then after a couple, 3 or 4 years, they can become the teachers, like a peer counseling kind of approach.

I was just thinking as you were talking about women who have successfully gone through breast feeding and who have interacted with their children and now their children are healthy and well-adjusted—use them as peer counselors for young women. I think we have to do more of that, perhaps, for outreach and communication to bridge that gap. So I just proffer those thoughts because they have worked in other areas, but I don't know that we have tried them that much in this area.

Is there anything else either one of you would like to comment upon or to leave for the subcommittee before we move on?

Dr. SAGAN. I would just like to make one remark, and that is there are lots of statements by Members of both parties these days about the need for family values, resurgent family values. I hope that every Member of Congress who uses that phrase is a strong supporter of improved nutrition available especially to poor children and especially to pregnant mothers and infants because while you need food, whether you are a part of a family or not, your ability to function in a family way, especially when you grow up, depends very much on that. It is an essential constituent of being able to be a functioning human being. So I just hope everybody who has used the phrase "family values" is encouraged to vote for this legislation.

Senator HARKIN. I appreciate that. Thank you very much, Dr. Sagan.

Dr. Brazelton?

Dr. BRAZELTON. I would just like to say that I have testified a lot down here, but I have never had as exciting a time and the feeling that people like you were really listening and paying attention. So I hope the rest of the Senate is awake and listening to you.

Senator HARKIN. We hope so, and I hope we can call on both of you in the future to help us out in these endeavors. Thank you, Dr. Sagan, Dr. Brazelton. Thank you very much.

We will turn to our second panel: Dr. Doris Derelian, president-elect of the American Dietetic Association, from Fallbrook, California; Ms. Susan Kalish, executive director of the American Running and Fitness Association from Bethesda, Maryland; Ms. Harriet Holt Cloud, professor of Nutrition at the Sparks Clinics, University of Alabama. If we could ask someone from our third panel, Ms. Linda Locke, director of Public Policy, Community Coordinated Child Care from Louisville, Kentucky, to also join this panel, we would appreciate it.

Again, we welcome you all to the subcommittee. Thank you for traveling great distances to be here. All of your statements will be made a part of the record in their entirety. We ask that you summarize them. I have always said that the best testimony is that in which you can just focus in on what you want to say, and what you would most want us to leave here understanding, and knowing, from your standpoint. If you can do that for us, I would sure appreciate it.

We will just start as I have the witnesses on the list here. Dr. Doris Derelian—did I pronounce that correctly?

Dr. DERELIAN. No; Derelian, but close enough.

Senator HARKIN. Derelian. I am sorry. I apologize. Dr. Doris Derelian from Fallbrook, California, president-elect of the American Dietetic Association. We will start with you, Dr. Derelian.

**STATEMENT OF DORIS DERELIAN, PRESIDENT-ELECT,
AMERICAN DIETETIC ASSOCIATION, FALLBROOK, CALIFORNIA**

Dr. DERELIAN. Thank you. I would like to move up the childhood cycle to classroom. I would like you all to focus your attention on being in a classroom at this moment, be Tom or Brenda or Luis, or whatever, the people that I have, in fact, done my research on. I am very interested in exactly the quantitative and qualitative effect of hunger on classroom activity, classroom behavior, but more important, academic performance.

Right now, it is 11:30 and you are probably experiencing, and everyone in this room, whether you ate breakfast or not, a condition called transient hunger. It is not dependent on whether or not you are well padded in terms of your economic condition. It also doesn't matter whether you are well-padded or not. It simply means that at the time at which you physiologically are responding to the need for food, you are experiencing a competitive psychological constraint called hunger.

As an adult, you have developed a compensatory behavior. You are able to accommodate your hunger to get through this hearing, to get through a vote, to do whatever you need to do. As an adult, that is part of adult sets of behavior. However, I have been looking at what happens to children who do not yet have compensatory behavior and who are the effect of hunger as a competitive psychological condition keeping them from learning.

I am not the only person who has done work in this field. There are a number of people. I am the first person who has done it actually in the classroom. Rather than removing children and studying them in a clinical environment, I have actually been in the classroom and measured the degree to which they are unable to complete academic tasks.

It is interesting that in this country we will give children all the things they need—pencils, textbooks, safe buildings. Yet, for some reason, we have a condition in which we question whether or not we ought to be serving children a breakfast and a lunch on site. I find that very interesting. I consider food to be part of the educational process, and I can tell you right now that my data and other data suggest that there are three or four academic deficiencies in children who are experiencing transient hunger.

The first one is they make more mistakes. Their scores on validated tests are lower because of two reasons. They make more mistakes on the problems they attempt and they quit the task sooner so they have more incomplete problems, less creative answers, etc.. So their test scores are significantly lower.

Meyer and others have looked at the question of attendance, and it turns out that children who do not eat breakfast, for example, simply have more days in which they do not come to school or are tardy. When they do get there, if they have not eaten, they are, in fact, the effect of that hunger, which interferes with the kinds of academic demands that are their job. After all, a child's job is

learning and if they have any competition with that, they are going to pay attention to that competing feeling.

When I asked children, what did you eat, I got an incredible range. In a sample size of 600 kids, you can imagine I got some incredible morning meal intake statements. The thing that I found most interesting was a huge intake of caffeine. Now, in a sample of 600 kids, more than 300 kids had had some caffeine-containing beverage or food—coffee, tea, sodas, and so forth.

Senator HARKIN. What age kids? I am sorry.

Dr. DERELIAN. Third-graders, 8-year-olds. We had school districts in California that represented a lot of different demographic characteristics of the children.

But it is interesting to note that when children don't eat and they have some caffeine-containing item, that even exacerbates the problem so that their blood sugars and their energy levels are reduced back to fasting very quickly in the morning. I am particularly interested in the morning meal because in most academic settings in elementary school, most of the hard subjects are included for children in the morning, and that is when they are least likely to be adequately supplied with food energy and appropriate intake in terms of stomach contents, etc., and nutrition.

The degree to which we are using the School Lunch Program is quite successful, and I think we have seen now great attention by you and others on improving the quality of the School Lunch Program. What I am finding is that the School Breakfast Program, which simply does not have the same level of participation either because the Programs do not exist across all school lunch schools, and second because the participation is lower—in fact, substantially lower, and my feeling is that we can now measure the deficit that is a result of this hunger condition across all socioeconomic categories.

School breakfast and school feeding is often considered to be a program for low income children, but I will repeat, in my data and in others, particularly Pollitt's, who used only middle-and upper-class children in his work, that the effects of hunger on academic performance crosses all socioeconomic levels.

I think when we are looking at whether or not our kids can acquire the kinds of academic problem-solving and technologically advanced outcomes that we are looking for to produce a better America, we have to feed children either at school or support that kind of thing to a greater degree.

Thank you.

Senator HARKIN. Thank you very much, Dr. Derelian.

Next, we go to Susan Kalish, the executive director of the American Running and Fitness Association, Bethesda, Maryland, and we have to turn to Dick Lugar. He is our great runner here.

Senator LUGAR. Well, I am delighted to have Susan here. As you know, I have been proud to serve as a member of the board of that association and have a great interest in her testimony.

Senator HARKIN. Very good. Please proceed.

STATEMENT OF SUSAN KALISH, EXECUTIVE DIRECTOR, AMERICAN RUNNING AND FITNESS ASSOCIATION, BETHESDA, MARYLAND

Ms. KALISH. Thank you very much, Chairman Harkin and other Distinguished Members, for allowing me to address you. I would like to extend special thanks to Senator Lugar. He has been a guiding light to all of us in the fitness community, not just to my board, but to everybody. He is a good role model, and also he has shown a lot of interest and support and we truly appreciate it.

Like you said, I am Susan Kalish and I am the executive director of the American Running and Fitness Association. We are a non-profit educational organization of about 15,000 recreational athletes and sports medicine professionals who come together to disseminate accurate, easy to understand information on diet, training and health. We were founded in 1968 by the Surgeon General of the Air Force, Dr. Richard Bohannon, to educate and motivate people to exercise.

The work of your committee is extremely important to the fitness community. For too long, we feel that exercise and physical activity have been brushed aside as just fun and games when, in fact, exercise can truly work wonders to improve the quality of all Americans' lives.

Another myth we would like to debunk is that children are getting enough exercise. That is just not true. Changes in the activity status of Americans can have positive effects in many areas. If you look at some of our biggest problems—crime, drug abuse, teenage pregnancy, skyrocketing health care costs—there is scientific evidence that exercise can make a positive impact in all these areas.

People who are fit are less likely to get involved in crime and drug abuse. Girls who are active or play sports are less likely to become teenage mothers. The average medical claim of a sedentary American is twice as much as that of a fit American. So you can see the ramifications are quite large just for exercise.

In fact, when we talk about children, 40 percent of children between 5 and 8 are obese, have elevated blood pressure and high cholesterol levels, and they aren't active enough—all risk factors for heart disease, the number one killer of their parents. At least 50 percent of all American children do not get enough exercise to strengthen their heart and lungs—just like their parents—and 40 percent of all boys and 32 percent of all girls in high school smoke or chew tobacco, a proven cause of cancer in their parents.

Physical activity, whether it is running, biking, walking, swimming, rowing, you name it, improves both the physical and mental well-being of children. Each year, researchers are finding that exercise combats another symptom of aging or that diet cuts your risk of another disease. You would think, armed with these facts, that kids would be getting more fit, but they are not. In fact, there is a dangerous trend in the opposite direction.

A third of our children don't engage in sufficient physical activity to give them any aerobic or endurance benefits. Children 6 and older weigh more and have more body fat than they did 20 years ago. Right now, over two-thirds of our children don't meet the minimum standards for cardiovascular fitness, and that number keeps increasing. A child under 10 spends 200 percent more time watch-

ing TV than sweating and being active. It would be easy to blame our kids for this, with Nintendo and junk food, but, in fact, that is not fair. Children are only a reflection of us, their parents, and a reflection of our society and its priorities.

Now that we have focused a little bit on school lunches and nutrition, I would hope your committee could focus a little more on physical activity in the schools. Did you know that only one State, Illinois, mandates daily physical education? Did you know that close to 40 percent of children in grades 1 to 4 are instructed in P.E. less than 30 minutes per week? On an average, less than 9 percent of the P.E. class is spent actually being vigorous. That works out for the kid who has it 3 times a week for 30 minutes a shot—we are talking about 8 minutes of exercise in the schools a week.

What can be done? There are a lot of things that can be done. Let physical activity and recreation be an option. When you all are putting programs together, say, in public housing, include space and incentives for recreation. You will find less vandalism, and also there will be improved health among the tenants. During the L.A. riots, one of the few areas that was actually not destroyed were the rec centers. People like them, people wanted to be there.

We talked about food assistance programs earlier. I really would like to see some educational components. If we can arm the parents with the right information, we can really work wonders. Fitness and sports activities can be put in a lot of different areas. Frankly, the President's Council on Physical Fitness and Sports is dying to get involved in this area working with HUD and with HHS in the different areas, if you all would just ask them.

Another point about the Council I would like to make is I work closely with them, and did you know that as more and more studies are supporting the importance of physical activity, our Government agency on sports' budget is getting smaller and smaller every year? The public looks to the Council as a fitness voice in Government, but with so many cutbacks they can't really make much of a mark on Government programs.

Finally, I feel education, like I said before, is key. To change the way Americans think and act, we need to educate them. We did a super job with the National Heart, Lung and Blood Institute at NIH. They did outstanding work helping reduce heart disease and cholesterol, and now we can see the result in our health statistics. Well, how about if we do something like it in physical activity? I mean, that worked; let's pick a new subject and keep going at it because Americans can take responsibility for their health if we just tell them how to do it.

Thank you very much. I appreciate it. If we can help in any way, let me know.

Senator MCCONNELL [presiding]. Thank you, Ms. Kalish.

Our next witness is Harriet Holt Cloud. Ms. Cloud is the grandmother of Feeding Kids With Disabilities. She is a professor of nutrition at the University of Alabama at Birmingham, and she will describe the meal modifications that children with disabilities require and the obstacles they face in participating in school meal programs.

Ms. Cloud?

STATEMENT OF HARRIET H. CLOUD, PROFESSOR EMERITUS, CIVITAN INTERNATIONAL RESEARCH CENTER, SPARKS CLINICS, UNIVERSITY OF ALABAMA-BIRMINGHAM, BIRMINGHAM, ALABAMA

Ms. CLOUD. Good morning, Members of the subcommittee. Just a slight interpretation of the word "grandmother." Does that mean Senator McCONNELL. I said that sort of lightly.

Ms. CLOUD. Does that mean grand mother?

I am professor at the University of Alabama in Birmingham, a registered dietitian and a nutritionist who works at the Civitan International Research Center and Sparks Clinics, which is one of the university-affiliated programs in the United States established to train graduate students in working with children and adults with developmental disabilities, mental retardation, and many special health care needs.

I am very grateful for the opportunity to present some testimony and comments related to better nutrition for this particular population of children in all of our nutrition programs, but with special emphasis today on what can happen with school food service.

I don't know if you realize that probably 15 percent of all children of the pediatric population now, it is estimated, are children with special needs. We include in this group children with Down syndrome, with other chromosomal aberrations; with seizures, with cerebral palsy; the neural tube defects such as spina bifida, cystic fibrosis; inborn errors of metabolism, particularly PKU; and many other conditions which lead to children who are hungry, children who are undernourished and who have feeding problems; also, children who have problems with obesity.

Our national surveys have indicated that probably 50 percent of that 15 percent population are at nutritional risk, and they may be children who have altered energy needs. They may have higher energy needs or they may have lower energy needs, and it definitely affects their ability to participate in many of the child nutrition programs, such as school lunch and school breakfast.

For example, children with Down syndrome usually require meals lower in energy value than is generally standardized in the school food service program. There are children who attend child nutrition programs that have an interesting syndrome called Prader-Willi syndrome. These are children with uncontrollable appetites and obesity, and controlling their food intake and preventing that obesity is one of the most significant health factors in their lives.

Another example of these children with special problems who are in our schools and in our child nutrition programs are children with inborn errors of metabolism. Particularly, let me talk about PKU. PKU is an inherited disorder where the child is unable to eat foods high in protein. They cannot have meat, they cannot have milk, they cannot have milk products. They have to have a closely monitored diet. Without this, their intelligence is greatly impaired. If they are not treated from birth on with a special formula, they will be grossly mentally retarded, but they require this formula and this treatment throughout their life now. It used to be that we said on the inborn errors we stopped at age 4. No longer does scientific evidence indicate that that is important.

Then there are children who are very underweight, or we call them in nutrition "lingo" failure to thrive, who require extra calories which will be provided by extra fat and carbohydrates in their menu. Many of the children with cerebral palsy fall into this category. Also, as we think in terms of the dietary guidelines coming into the school system, these are children who will not respond well to the dietary guidelines.

Now, how do we meet the needs of these children? Well, first of all, we need to have a medical prescription sent to the school. There are regulations in existence now that require that the needs of these children must be met. The problem is that the schools have not always been ready for this challenge and the community has not always known that they could refer children into this program. Therefore, many times the menus have not been modified to meet the needs of these children and their food needs are just simply not met. It probably reflects a lack of training on the part of the school food service personnel rather than an unwillingness to do something about this.

These children also need to be included in nutrition education programs, particularly as inclusion becomes part of the special education programming for these children. Another consideration has to be for modifying the texture of the meal. Many of these children cannot eat the regular school food service meal, and therefore the texture has to be modified. It may have to be chopped, it may have to be blended, it may have to be pureed, but it needs modification.

Attention has to be given to the cafeterias where these children are seated making sure that they have special equipment for seating and eating. Finally, in that regard, we are now seeing children who are being tube-fed in schools as these medically fragile children enter our school systems. There is great necessity for interaction between all programs serving these children.

In closing, I want to express the appreciation of the nutrition community for the statement in 1991—I think it was in May—of Senator Dole on the floor of the Senate related to the needs of these children that were not being totally met at that time. Subsequent to that, we have had a lot of action going on and there are now training programs underway. They are in the beginning stages and they need a great deal more reinforcement. But the overall, pervading need is to make sure that we don't forget these children in our planning and in our programs at all levels, but today I am particularly focusing on school food service.

Thank you.

Senator HARKIN. Ms. Cloud, thank you very much for your statement.

I will yield to Senator McConnell to introduce our next panelist.

Senator MCCONNELL. Thank you, Mr. Chairman. I have enjoyed over the last few years—both myself and my staff have enjoyed working with Linda Locke of Louisville, Kentucky. Linda is the director of Public Policy for Coordinated Community Child Care, which we call 4-C's, and is also president of the National Child and Adult Care Sponsors Forum.

Four-C's sponsors around 50 child care centers participating in the Child and Adult Care Food Program. As a sponsor, they handle much of the paperwork and administrative burdens of the centers

and homes, and help train personnel for all aspects of providing child care. In summary, they are an extraordinarily effective organization.

I want to say to Linda in advance, I may have to leave before you finish, and I apologize for that. I want to thank you for coming and again congratulate you for all you have done for Kentucky.

STATEMENT OF LINDA LOCKE, DIRECTOR OF PUBLIC POLICY, COMMUNITY COORDINATED CHILD CARE, LOUISVILLE, KENTUCKY, ON BEHALF OF THE NATIONAL CHILD AND ADULT CARE FOOD PROGRAM SPONSORS FORUM

Ms. LOCKE. Thank you, Senator. I appreciate your comments. I want to thank you and I want to thank Senator Harkin for the privilege and honor of being here today. We are excited that this committee is also focusing on the issue of very young children in nutrition programs, particularly the Child and Adult Care Food Program. We talk about school lunch and we talk about school breakfast and we talk about WIC. There is a big gap in there and the Child and Adult Care Food Program is meeting the needs of our very youngest children, so we appreciate and are excited that you all are focusing on this area at this time, and particularly during this reauthorization.

The National Child and Adult Care Food Program Sponsors Forum represents the 10,000 food program sponsors around the country providing food service to nearly 2 million children every day, most of these under the age of 5 years old. We want to thank the Members of the subcommittee and the full committee, and you, too, Senator McConnell, for what you have done on the demonstration project in Kentucky. We appreciate the work that you all have done to improve the nutritional status of young children.

We also appreciate Senate bill 1614, and Lynn Woolsey's bill in the House, H.R. 3582, which both contain improvements in the Child and Adult Care Food Program, and particularly making permanent the demonstration project that was implemented in 1989 through the efforts of this subcommittee and Senator McConnell.

I have submitted my written testimony which details the vital, critical role that the Food Program plays in providing for the good health and well-being of our Nation's youngest children. I would like to spend a moment to talk about the three types of programs that the Child and Adult Care Food Program provides services to.

The first is family child care homes. This is nationally defined as the care of 6 or fewer children in the home of the caregiver—there are thousands of family child care homes throughout the country, and in particular, they are the child care delivery systems in rural areas and in many low-income-inner-city areas.

Child care centers in the Child and Adult Care Food Program; are comprised of nonprofit centers; for-profit, or Title XX centers, as they are noted in the Food Program; and the Head Start centers. The program also serves adult day care programs. I will confine my remarks to the two types of child day care programs, family child care and center-based care, though my testimony refers to other programs, too.

I would like to make a few points about children in child day care. Most children spend 10 to 12 hours every day in child day

care. Preschool children receive between 75 and 80 percent of their daily nutrition while in care. Thirty-four percent of children under the age of 5 who are in a formal day care setting are in family child care, including the majority of infants and toddlers. So when we talk about reaching young children and working with families, family child care is out there doing that. They are providing the role model that you talked about because the provider many times is the person who is providing the assistance to the younger parents in terms of that grandmother support that you were speaking of, Senator Harkin.

Because of our understanding of the co-relationship between good child care and good nutrition, the Sponsors Forum has detailed its recommendations into four categories within the testimony. I will limit my remarks to only a few of these recommendations.

First, the National Sponsors Forum strongly believes that it is in the best interest of the children served by this program to maintain the current reimbursement structure for family day care homes. Throughout the early 1980's and 1990's, national studies showed the invaluable dual role that this program played in both developing quality family child care and assuring nutritional well-being of children that they serve.

Just a few weeks ago, the Family and Work Institute study of children in family child care found that of the regulated providers who received the highest quality scores, 87 percent participated in the Child and Adult Care Food Program—another strong link between this program and high-quality child care.

Any attempts to change the current structure of this program will have serious long-term consequences beyond the loss of nutrition benefits. The adverse effects on accessibility, quality and safety of family child care cannot be overestimated.

The second recommendation of the Sponsors Forum is to make permanent the changes in the for-profit center eligibility demonstrated by the Kentucky and Iowa projects. These projects were a result of legislation introduced by Senator McConnell in early 1989 and were incorporated in the amendments of the 1989 child nutrition reauthorization bill. Through his leadership, this has made a significant impact on the lives of children in Kentucky.

Current law allows centers to participate if 25 percent of their enrolled children are funded by Title XX funds. In Kentucky and Iowa, we are saying 25 percent of the children must be low-income. It has made a significant difference because Title XX funds have significantly diminished in the States in recent years.

The results of this project have shown quite clearly that we are reaching new low income children that did not have access to the Food Program before. Fifty-six to 57 percent of the children are low-income. We have seen significant other improvements in the nutrition benefits available to these kids.

I would like to say in closing that the suggestions in my testimony of ways to expand the Program are there only if we are looking at not funding any additional projects within reauthorization. Our recommendation continues to be that this program needs to be made permanent. It needs to be done now and it needs to be done nationally.

We sincerely appreciate the opportunity to be here today and offer the services of our agency and the Sponsors Forum as you work through this.

Senator HARKIN. Well, I certainly want to compliment you in Kentucky. You really have made a success of this program, and the bill that we are talking about does make it reauthorize it, although the expansion—well, we don't know about the funding for that; we don't know yet.

Senator MCCONNELL. I just want to thank you again, Linda. It is good to see you again. I am going to have to run. I really appreciate your comments. Thank you.

Ms. LOCKE. Thank you.

Senator HARKIN. Thank you very much, Senator McConnell. Thank you, Ms. Locke, for your testimony. I thank you all for your very fine testimony.

Derelian?

Dr. DERELIAN. Right.

Senator HARKIN. I got it right that time.

Dr. DERELIAN. How about Doris? That is easier.

Senator HARKIN. I am sorry?

Dr. DERELIAN. Doris.

Senator HARKIN. OK, Doris. You focused basically on the classroom. You mentioned how hunger competes for attention in children in school. We have certainly all seen that. We have tried to expand the breakfast program in our school systems around the country.

What I would like you to expand on a little is the issue of proper nutrition in the School Lunch Program itself and whether there ought to be changes in how school lunch programs are administered or run in terms of how our children learn better nutrition.

Let me cut to the quick on this. I have been a little upset over the past few years at some of our school lunch programs and how they are trying to emulate McDonald's. Now, I like McDonald's just about as much as anybody in this room. I can challenge Bill Clinton at eating at McDonald's; I can tell you that.

In moderation, they are not bad. I am not trying to say that they are. When I say they are emulating McDonald's, I have been through lunch rooms now where you have nachos with cheese and you have hamburgers and you have all these kinds of things that kids are served and eat. I am wondering if we are sending the right messages.

Now, the counter to that concern is that if you don't provide that kind of food, kids will leave the school and they will go across the street to McDonald's and eat. But I am wondering about that. I am just wondering if maybe in our grade schools, particularly with a little better education and with changing the way we present these foods, whether we can't get a better appreciation for more healthy foods in our schools.

Do you have any thoughts on that point because as an observer, and as someone who has two kids in public schools, I am concerned about the messages that are being sent to these kids by the kinds of foods they are eating at school.

Dr. DERELIAN. I have several thoughts on that subject. One, let me just say that as long as school food service remains a business

conducted on school property, it has to be a competitive business in order to stay in the black, which is what school food service management is required to do. It is a business.

We don't have a textbook business, for example, run on the school campus where the people who sell the textbooks have to have purchase of the textbook equal the cost of the Program, etc.. So school lunch is a business, and when you are running a business that is significantly under the umbrella of regulation, which school lunch is, it is very hard to be competitive against the commercial food service like McDonald's, who has very little—other than food safety and sanitation, any like restrictions.

So what school food service people have tried to do is make menu items look like or be like the things that unrestricted commercial food service makes so appealing to children. They have done a very good job at that. One of USDA's recommendations, of course, is to cut fat and cholesterol, and so forth. The challenge to our members as dietitians who are involved in school food service and other school food service managers is to now keep the same kind of menu item that is conducive to children—pizza, hamburgers, those formats—and try to alter them in ways that still produce an acceptable commercially competitive product and meet the dietary guidelines that we all recognize the school should be emulating in front of children. So it is a very tight rope that has to be walked by these school food service people.

We talk about plate waste. We are concerned about the fact that children throw food away, and if you look at the quality of what it is that is thrown away, it is the very things that we think they ought to be eating—the vegetables, the fruits, the whole-grain breads. I have seen kids take the bread out and eat only the stuff that is in the middle. In other words, we are seeing the plate waste represent those things that the school food service has included in order to broaden the availability of good-quality food. I mean, there are a number of issues involved in that.

I do think that one of our serious problems in managing the dietary guidelines in schools is the reduction of food energy because you can get a very low-fat diet that has been religiously prepared that is now half the number of calories that a child needs. To be able to keep the calories high enough—if you accept the RDA as the standard, a third of the calories, which is around 700 for an 8-year-old kid for a meal—in order to do that, with no fat or very little fat, a child has to eat four slices of bread; they have to eat a cup of fruit. They have to eat a tremendous volume of food, and that gets not only expensive, but in little kids it is just impossible for them to be able to eat it.

So we have to find ways to keep the calories and energy high enough so the kids still have the energy to learn, and at the same time restrict what we consider to be the degenerative disease-related nutrients. It is a very tough road to hoe.

In my most facetious fantasy, I see you all regulating McDonald's the same way that school lunch is. Don't let a kid who is under 18 eat that stuff unless it is low-fat, but it is never going to happen. Tofu pizza that the school produces isn't quite the same as Pizza Hut, and the kid knows it.

Senator HARKIN. That is true.

Dr. DERELIAN. I am not saying that tofu doesn't have value and it can't be used, but it can't be the protein of choice, perhaps, in a burger or a pizza, or whatever, because children recognize it. It is the same thing with a prune whip chocolate chip cookie. We had a good friend of ours convert a high-calorie, high-fat chocolate chip cookie into a low-fat, low-calorie cookie, and they used prune whip and we tested this cookie on a variety of people.

Senator HARKIN. They used what?

Dr. DERELIAN. Prune whip. It is a material that has substance that has very little sugar or fat in it and it extends the cookie. It actually makes the cookie look like a cookie.

Senator CRAIG. I have tried them, Mr. Chairman.

[Laughter.]

Dr. DERELIAN. See, there is living proof. What happened is, yes, it became a prune whip cookie and the kids said, wait a minute, wait a minute, I am willing to eat this if you tell me it is a prune whip cookie, but if you tell me this is a chocolate chip cookie, hang it up, you know, forget it.

So, that is exactly what happened and that is, again, a problem with creating menus that have food items that try to approximate what we want for our best guess of what is the best meal and still be competitive with what kids want to eat and what kids recognize as being foods that they are willing to pay for and eat.

Senator HARKIN. I appreciate that.

Senator Lugar?

Senator LUGAR. Thank you, Mr. Chairman. Thirty years ago in Indianapolis, I was elected to my first public responsibility as a member of the school board and the issue before our board was whether to have school lunches at all. This was a question of whether Federal aid should be extended, and there were many communities in the Nation who had rejected all Federal aid. So we came in from the beginning with arguments that are still very similar to the ones now three decades later.

The thing that I am impressed with today in the testimony of at least the four of you is that you are talking about the whole child, and the child is in the school to learn and obviously has problems doing that, as you have pointed out, Dr. Derelian, because of lack of breakfast or low energy or low nutrition during the morning hours when the tough subjects occur. There are all kinds of controversies about what the child gets at lunch if the child missed breakfast. Ms. Kalish has pointed out that these children that we are talking about in many cases are obese, at least in a relative sense, and have higher body fat than they did 20 years ago or 30 years ago.

Well, I suppose, I would like some advice and counsel from all of you on is what kind of input do any of you have with educational authorities because, clearly, the children that are most at risk are children in poor communities of our country who are not achieving very good results in the aggregate. There are remarkable success stories, but we have just gone through the I-Step tests again in Indiana and the schools that would predictably have a large number of children failing to be even close to the second grade level of achievement are very frequently schools in which the subjects we are talking about today are most acute. The energy level is the

lowest, the nutrition the poorest, and lack of parent involvement is very low, and the teachers are struggling.

I have often wondered, starting with the superintendent of schools right down to the principal, whether there is a comprehensive view as to whether learning is not occurring due to things over which we may have some control—nutrition and exercise in the school. What overall comments do any of you have that would be constructive if you were to try to give guidelines to school administrators?

Dr. DERELIAN. I would just like to say that recently I have been doing a great deal of work with school administrators and school administrator groups. I would like to say that up until the last few years, and especially the last couple of years, we have been trying to use nutrition and school feeding as a nutrition and long-term health issue, and

I have to tell you that most school administrators that I talk to don't care about health. It is very low in their priority of the issues they make decisions about—school boards, superintendents, principals.

So when you are talking about instituting a program or doing promotion kinds of things to get more kids involved in these, we finally now can talk about achievement. All principals are interested in national testing and how their students do on nationalized achievement test scores. We can talk to superintendents about attendance and tardiness and issues that have to do with reimbursement for average daily attendance, etc..

We are finally coming into an area where we have some quantitative information that seems to be seductive to the administrators, and we have to start forming our arguments in that context rather than—and I blame nutritionists to some degree and I was part of this—convincing them that they ought to do something so when children are 50 they won't get osteoporosis. Well, it is a good idea, but most superintendents are so busy with what they need to do right at this moment that that wasn't a very convincing argument.

So I think we can now change the nature of our argument, put some numbers behind it, and be a little bit more influential in having them accept what it takes, the energy it takes, to get these programs more fully utilized. I hate to say this, but my neighboring town just turned down a whole breakfast program, and they have 96 percent free and reduced-price and they refused it in the interest of protecting family values.

I have got to tell you that I think offering school breakfast support family values. It gives families who care about their kids another opportunity of access to getting that kid fed. It seems to me the School Breakfast Program could be viewed as one of the most potentially family-supporting options that we can offer, and yet the community that I live right next door to—I was out of town, unfortunately, and I couldn't get to the school board meeting, but I will be at the next one.

That is exactly what we see. People are looking at it as a reverse instead of how it might be viewed, and all of these arguments, I think, now need to be added to the hopper to be more convincing to school personnel.

Ms. CLOUD. I would like to add to that something that I see as a potential that we have worked with in the Southeast, and that is working through the National Food Service Management Institute in Mississippi and with our regional food and nutrition services people in Atlanta. We have had some contracts particularly for children with special needs, but it sort of applies to the whole.

I think that this is sort of the way to get in for those of us that are not within the school systems, and we certainly feel that one of the functions of the UAP's, for example, is to make sure we are doing appropriate community outreach and getting on to those various committees and boards to begin to make some kind of impact. But I think that the National Food Service Management Institute is a real key player in all of this.

Senator LUGAR. Ms. Locke?

Ms. LOCKE. Thank you. My understanding of the question may not be as clear as it should be. I was understanding that you wanted to look at how we can get children more involved with good nutrition in the settings which they are in, and particularly get the schools involved in assuring that that happens.

Senator LUGAR. As well as all of you involved in the arguments.

Ms. LOCKE. Certainly. One of the things I would like to say is that we have so many of these children in child care programs before they ever get to school, and so many of these children, as we know from research—their physical development, their cognitive development, eating habits, etc.—so much of this is developed at a very young age and by the time they get to school, there are already set patterns.

We have asked within our testimony for a set-aside within the NET program because we feel that that is one of the very keys particularly with young children, and certainly with children in school, to developing good eating habits. A set-aside for the CACFP and NET funding would help us get nutrition education and training down to very young children, to the providers, and to the center people who are providing the care for those children to help them develop the eating habits that they need. We think, because we have those children for such a long period of time, that that then carries over into the family setting.

Senator LUGAR. Susan?

Ms. KALISH. I would like to add, too, that I have seen a couple pilot programs that are working quite well that are incorporating teaching children about good nutrition, as well as teaching them about their bodies and health. I believe one is in Fairfax County and what they are doing is incorporating in the curriculum why the School Lunch Program is useful.

I mean, kids will go in there and they will have tastings on all these different types of foods and then they will learn about the carbohydrates and the fats. I have talked to the teachers and it is actually rubbing off. The children actually are learning that, yes, this is good food and then they start actually eating it. The program I saw in Fairfax started, I think, with second graders and goes up through elementary school. Again, as I said before, education, I think, is key. What you eat is a learned thing.

There was a really nice study I saw that had children who were put on a very high salt diet, a very sweet diet, and then a diet that

was high in fat. They went on this diet for about 6 weeks and at the end of the Program they asked each child, what did you like best. Of course, they liked what they were eating. The salty kids liked salt, the sweet kids liked sweets. Well, then they switched it and they had the kids change and the salty kids ate sweets and the sweet kids ate fat, and whatever. At the end of 6 weeks, they liked what they just ate.

So what we need to do is educate them, and also provide those foods and reinforce them—have them bring things home to their parents. In the Program I saw, they really had to get the classroom teacher involved. They had to get the food service people involved. They had the PTA involved. But it worked, and I think it is all-encompassing and we have to hit it from every side. We can't let the food service people be stuck there all alone, or no one is going to buy it.

Senator HARKIN. We have a floor vote on. We have 9 minutes left for the vote. I will turn to Senator Craig before we dismiss this panel.

Senator CRAIG. Well, thank you very much, Mr. Chairman. I appreciate all of your testimony. I think it was very balanced, and that is what I appreciate as we look at this issue.

I have kind of had a running dialogue with Ellen Haas about fat, and it has been my frustration from the beginning that what she originally proposed I didn't think would work very well because fat is a tremendous source of energy. We know that, and yet at the same time I struggle with what the Chairman is concerned about that these food programs might appear to be looking like McDonald's or, in fact, like McDonald's, and striking that critical balance so that the food in the lunch room or in the school food service program looks just a little bit like the food that kids are used to eating.

I think, Ms. Locke, you have already said those habits and patterns are pretty well established by the time the child gets to the school program. While we can use the Program to teach and to establish some new habits, I am intensely concerned that we use the Program to feed kids and that they go away healthier and better fed, and striking that balance becomes increasingly important.

Recognizing our time and the vote, I guess that is more of a statement than it is a question, but if any of you would wish to respond to that as briefly as you might, I would appreciate it.

Dr. DERELIAN. I am willing, always. Two things I would like to address just very quickly, and one is that the balance is so fragile that concentrating on fat, per se, at the expense of total balance is one of the pitfalls. It is the pitfall adults have when they are making choices about food intake.

I have seen so many women say, I am never going to drink any more dairy products, or I am never going to eat any more meat. At the same time, when you look at the source of fat in their diet, that is a very small source compared to things that are much less nutrient-dense than meat or milk and much better in terms of the contribution of fat to their diet—"better" meaning it is such a larger portion.

Yet, the tradeoff seems so seductive. I am going to use that word again. If I don't want to be bothered with breakfast, I can certainly

eat something in a bag with my coffee and whatever. In other words, the tradeoff is very delicate even when you are in control yourself.

So for schools and for children, to focus on a single nutrient, and almost at the expense of the total picture of food as it is presented in real life, I think, undermines the behavioral possibilities that children have. Real life is real life. They are going to have to choose once in a while a McDonald's, but not every day, so why shouldn't they have a full range of choices within the school system? I agree with you completely that we have to get food into kids.

Senator CRAIG. Thank you.

Senator HARKIN. Ms. Cloud?

Ms. CLOUD. I have one comment related to that, too, because I agree with Doris that we have sort of a fat fixation in our society today. Dietitians are always asked, do you really eat that, doesn't it have too much fat? We spend a lot of time explaining that we are human beings who sometimes go to 31 percent or our calories from fat rather than just 30.

But there is something we haven't touched on as much in this panel as I feel we should have related to the fat issue, and that is as we think about school food service or any feeding program, we have to think about the parent and the family. We heard a lot of that earlier.

We also today have to think a lot about cultural sensitivity or cultural competence, and many cultures eat more fat than we do. So we have huge barriers. When we make these guidelines, then, you know, just implementing the guidelines becomes more complicated because of the consumer who is going to be following those guidelines. So we tend sometimes to make situations more complicated than they really need to be.

I also want to put in one more plug about some of the children with special needs that are going to be in those schools that do not need to have their fat cut down. We are concerned about calories. We don't want to go under 700 for the child with cerebral palsy. We may be wanting to go up to 900.

Senator CRAIG. And to get there you probably have got to have a little fat.

Ms. CLOUD. If you don't do fat, you are going to have these huge volumes. These children can't handle volumes anyway. So, you know, it becomes a complicated situation and it needs a lot of attention and it needs a lot of services built into it because frequently the families need counseling. But, please, let's not forget the parents in this whole process.

Senator HARKIN. Ms. Cloud, I hate to cut you off. We have only about 3 minutes left to vote.

Senator CRAIG. Ladies, thank you very much.

Senator HARKIN. The subcommittee will recess here for about 10 minutes. We will come back and we will have our last panel. Thank you all very, very much.

[Recess.]

Senator HARKIN. The subcommittee will resume its hearing.

We will call for our third panel: Mr. Dan Cooper with the Iowa Department of Agriculture; Ms. Alice Lenihan, chief, Division of

Maternal and Child Health, Nutrition Services Section, from Raleigh, North Carolina; Ms. Minda Lazarov, from Nashville, Tennessee, representing Nurture/Center to Prevent Childhood Malnutrition; and Ms. Carol Porter from Kid Care, Incorporated, Houston, Texas, accompanied by Mr. Hurt Porter.

Ms. PORTER. Hurt, like "ouch."

Senator HARKIN. Hurt Porter; sorry. Carol Porter's husband, OK—good.

We are glad to have you all here. Again, as I have said to earlier panels, we have your written statements and they will be made a part of their record in the entirety. Again, I apologize for all these interruptions. We may have another vote here very very shortly, but that is the way life is around here; usually not on Friday, though.

So if you would just summarize your statements for me and tell us what you think would be most important for me personally now and for the subcommittee Members in the written statements to take away from this hearing, I would appreciate it.

With that, we will start first with Dan Cooper, with the Iowa Department of Agriculture. He administers the WIC Farmers Market Program in Iowa. He is also currently president of the National Association of Farmers' Market Nutrition Programs.

Mr. Cooper, welcome. Please proceed.

STATEMENT OF DAN COOPER, STATE HORTICULTURIST, IOWA DEPARTMENT OF AGRICULTURE AND LAND STEWARDSHIP, DES MOINES, IOWA, AND PRESIDENT, NATIONAL ASSOCIATION OF FARMERS' MARKET NUTRITION PROGRAMS

Mr. COOPER. Senator Harkin, thank you very much, and I thank the committee for taking the time for hearing this testimony, and also for allowing me to testify.

The WIC Farmers' Market Nutrition Act of 1992, Public Law 102-314, was signed into law on July 2, 1992. With the passage of that bill, 10 States became part of the newest food assistance program operated by USDA. However, it is more than just a food assistance program. It is also one of the most successful market development programs in this country. It benefits two distinct constituency groups—the at-risk clients who participate in the WIC Program and small horticultural producers who rely on the direct marketing of produce through farmers markets in our country.

In 1993, 1 new State, North Carolina, was added to the 10, which brought the total to 11. This past spring, there were several new programs added, 13 States, the District of Columbia, and the Indian Nation of Oklahoma, bringing the total to 26 programs that are now participating in the Farmers Market Nutrition Program.

Every State has a success story, but that is the beauty of the Program. There are success stories all over the country. I want to relate just one in Iowa. There was a farmer in one of our markets who found, in selling his apples, that the WIC clients having the voucher with them didn't seem to quite understand what they would do with this huge bag of apples that they were about to purchase.

So, being frustrated by not gaining any sales from the WIC clients, the farmer went home and that week prepared a recipe for applesauce based on the 5-pound bag of apples they had for sale.

The next week, they sold out of their apples. Many of our producers have gained new marketing skills by simply providing information that is necessary for the WIC population to utilize the products that are available in the market.

I want to tell you that in Iowa we found that 95 percent of the WIC clients had not shopped at farmers markets prior to this program and that 75 percent of the clients were unfamiliar with what a farmers market even was. Now, well over 70 percent indicate that they attend a market after their food benefits are exhausted or supplement their purchases with cash. We also find that many have indicated through surveys that those that come with them, either other family members, friends, neighbors, also have added to the purchasing going on at local markets throughout Iowa and the rest of the country.

In a recent study by the National Cancer Institute, it reported that people who eat 4 or more servings of produce daily are diagnosed with half the number of cancers than those who consume 1 or less servings. The University of Connecticut found in a recent study that participants in the WIC Farmers Market Nutrition Program had increased their consumption of fruits and vegetables by over 50 percent.

In 1993, over 500,000 WIC clients received vouchers for fresh produce under this program and over 4,000 farmers at 650 markets participated. This current market season found a total request for funding exceeding the authorization level by approximately \$4.5 million. It is our hope that the reauthorization of this program will allow for a 1995 authorization of \$10.5 million and that the Appropriations Committee will look favorably upon that request. With the number of new programs established, the pressure for expansion dollars in this program as well as in WIC and all other programs will continue to grow rapidly.

One of the added benefits of this program has been the expanded appreciation, by the farm community of a new group of shoppers. I don't think many of our fruit and vegetable growers knew what WIC was. I don't think many of our fruit and vegetable growers understood the nutritional at-risk population. In our State alone, 27 percent of the children born are nutritionally at risk. This program has created new relationships between the populations.

We also find that this committee and Senator Leahy's staff have been very helpful in supporting this program. I want to leave you with one thought from Charles Wille, president of the New York Farm Bureau: "Rarely has a Government program done so much good for so many people at such a modest price," because every dollar expended stays in the local community to help the WIC client and to help the small farmer and the local economy.

I thank you very much for the opportunity and I will leave it at that.

Senator HARKIN. Mr. Cooper, thank you very much for your testimony and for being here today and for your leadership in the Farmers' Market Nutrition Program. It has been a great success.

Next, Alice Lenihan is the Chief of the Division of Maternal and Child Health from Raleigh, North Carolina, and is the current president of the National Association of WIC Directors. Please proceed.

STATEMENT OF ALICE J. LENIHAN, PRESIDENT, NATIONAL ASSOCIATION OF WIC DIRECTORS, RALEIGH, NORTH CAROLINA

Ms. LENIHAN. Thank you, Mr. Chairman, for the opportunity. As you said, I am Alice Lenihan. I am the WIC director for the State of North Carolina. I also am the director of the Farmers' Market Nutrition Program. Our agency, the State Health Department, operates the WIC Farmers Market Program in North Carolina.

Senator HARKIN. Good for you.

Ms. LENIHAN. I would like to commend you, Mr. Chairman, and Members of your subcommittee for your enthusiastic and continuing support of the WIC Program and your interest in the welfare of our Nation's mothers and children.

With your permission, I would like to submit for the record, in addition to my written testimony, a copy of our 1994 legislative agenda and four policy papers which are attached.¹⁷ We also have made available to Members of the subcommittee—the Texas WIC News¹⁸, which celebrates our 20th birthday and gives a biography about the WIC Program in every State and Indian Nation, and that will be available for all the Subcommittee Members.

Senator HARKIN. Without objection, your legislative proposal will be made a part of the record.

Ms. LENIHAN. 1994, as was said earlier, marks a milestone for the WIC Program. We are celebrating the 20th anniversary of WIC. What started as a small pilot project in Pineville, Kentucky, in 1974 became a multistate project by the end of fiscal year 1974, with a budget of \$10.4 million, serving approximately 88,000 participants. Now, WIC is a program serving 6.5 million participants, with a fiscal year 1994 budget at \$2.8 billion, operating in over 8,200 clinic sites throughout the United States and its territories.

America's mothers and children who have graduated from the WIC Program have much to thank your predecessors and many of you who are still in the Senate for. I would like to commend five Members who are still in the Senate who were Members of the original Select Committee on Nutrition and Human Needs who were the godfathers, I would have to say, of the WIC Program—Senator Leahy, Senator Dole, Senator Kennedy, and Senator Hatfield. They are all a part of the founding group of the WIC Program.

WIC is a prevention program that works. Numerous private and public-sponsored studies of WIC have demonstrated that it is a highly successful program that has achieved significant positive health consequences in a cost-effective manner. Yet, in spite of the funding increases for WIC over the past several years, we still fall short of reaching all of those mothers, infants and children who are at nutritional risk and eligible for the Program.

President Clinton, in his budget and through incentives in his Health Security Act, has proposed funding increases for WIC. I urge every Member of Congress to support the President's efforts to fully fund WIC and to help place all of America's children on an even footing to face the future.

¹⁷ Retained in Committee files.

¹⁸ Ibid.

As Congress considers full funding for the WIC Program, we urge you to maintain the Program's focus on nutrition, its reputation for providing quality services, our ability to tailor and target, and to exempt WIC from all budget-cutting resolutions.

As I said, we have several legislative agenda items, and I would like to key on some critical ones. We encourage Congress to allow WIC to use the same definition of family size currently in use by the Medicaid program. In the Medicaid program, a pregnant woman is counted as a family of two. Automatic WIC income eligibility is currently available to those participating in Medicaid. However, many States no longer have Medicaid, or they no longer call it Medicaid. Instead, they are developing Federal and State-supported health care programs for their residents. The income levels established in these plans may differ from the income levels established for Medicaid eligibility and potentially could create a double standard for income determination.

We also recommend that pregnancy for low income women should be considered a nutritional risk in and of itself. The state of pregnancy requires additional amounts of nutrients to promote an optimal outcome. Of particular concern to the WIC Program is a pregnant woman who presents herself early in the first trimester and does not yet have an identified nutrition risk factor.

The denial of WIC benefits at this time forces the woman to wait until a nutritional risk factor has manifested itself. If WIC is to truly make an impact on early prenatal enrollment and pregnancy outcomes, pregnancy in low income women should be considered a nutrition risk factor. Pregnancy is time-limited and, at best, we have the opportunity to provide nutrition education and supplemental food for a good bit of the 9 months if this change were made.

Our association also encourages Congress to allow States to certify breast feeding women up to 1 year after delivery. Currently, we have to do a recertification check at 6 months. This proposal would eliminate the need for the 6-month certification. We could take the time that is spent on that certification check to spend time on breast feeding promotion and nutrition education. This is how we handle the infants in the WIC Program. They are certified for the first year of life. What we are asking for is to treat the breast feeding woman and the infant in the same certification rules.

Also, in keeping with the recommendation from the WIC National Advisory Committee, our association urges Congress to authorize States the option to use food funds to buy manual or electric breast pumps. Breast pumps are a clear benefit for participants. They assist breast feeding mothers to continue providing mother's milk for their infants in spite of time constraints or logistical situations caused by employment, school, or other considerations. For those mothers choosing breast feeding, breast pumps reduce and sometimes eliminate their reliance on breastmilk substitutes.

Because Harriet Cloud earlier mentioned special needs children, I do want to bring up the fact that many of the children that go on to schools are graduates of the WIC Program. We do a tremendous job in WIC of serving special needs children. However, there is a small glitch in the regulations in the amount of supplemental

foods that we are allowed to give children, and I am speaking particularly of children on metabolic diets who need very expensive specialized formulas. We would like to see a change in the regulations that would allow us, if States so choose, to meet all of the supplemental nutritional needs of children with special needs.

We also propose that in the Farmers' Market Program the Indian and Native American nations be exempt from the matching grant requirement for participation in the Program. Mr. Cooper did mention there is one Native American group that is now participating in Farmers' Market. However, for the majority of the tribes, this match becomes a barrier to their participating in the Program.

In conclusion, I would like to thank you, Mr. Chairman, for the opportunity to testify, and the National Association of WIC Directors looks forward to working with you and Members of the subcommittee.

Senator HARKIN. Thank you very much, and I look forward to working with you, Ms. Lenihan, as we get this legislation moving.

Next, we will hear from Minda Lazarov, research associate for Nurture/Center to Prevent Childhood Malnutrition. She is on the faculty of the Vanderbilt University School of Nursing in Nashville, Tennessee.

Ms. Lazarov, welcome to the subcommittee.

STATEMENT OF MINDA LAZAROV, RESEARCH ASSOCIATE FOR NURTURE/CENTER TO PREVENT CHILDHOOD MALNUTRITION, AND FACULTY MEMBER, VANDERBILT UNIVERSITY, NASHVILLE, TENNESSEE

Ms. LAZAROV. Thank you. On behalf of nurture, I thank you for this opportunity. As a consultant for the WIC Program, I just recently conducted a series of focus groups with Tennessee WIC women and through this project I have heard testimony after testimony of the very valuable lessons that these women have learned about feeding their children. We in WIC have clearly gotten our message across that what and how a mother feeds herself and her children is a very important responsibility of parenting.

Today, I will address the need to increase the WIC Program funding for breast feeding education and support. First, I want to thank you for the vision you supported 4 years ago, a vision to transform the infant feeding services of WIC from primarily an infant formula distribution and support program to a program recognized nationwide for its breast feeding education and support services.

Few of us ever realized the potential a designated portion of the WIC grant would have. For the first time in many years, WIC has witnessed an increase in the rate of breast feeding. This is particularly noteworthy when you consider that WIC women are among those women that are least likely to breastfeed. They are young, they are exposed to many myths about breast feeding and, in general, they just lack the confidence oftentimes to believe that they can breastfeed.

The impact of the eight provisions added in 1989 to strengthen the WIC breast feeding efforts has been demonstrated most dramatically in programs where the rates of breast feeding have been

monitored for several years. I kind of hate to use a Perotism here, but I think this picture does paint a thousand words.

This shows you the change in rates of breast feeding in Tennessee, and from 1984 to 1989, this point to this point, we tried a number of strategies to try and increase the rates of breast feeding. Then in the late 1980s, we had some money where we were able to look at 5 sites in Tennessee and determine exactly what works to encourage women to breastfeed.

We did not have the money to expand it statewide, though, and so when the new reauthorization in 1989 was passed and we got the funding, we were kind of poised and ready to go and were immediately able to translate this statewide. Within a year, we turned the rates around and, as you can see, it continues to go up.

Senator HARKIN. What did you do? What made that happen?

Ms. LAZAROV. What made this happen was we hired peer counselors. We have talked about peer counselors early on. We hired peer counselors and health professionals to assist WIC women and spend some time during pregnancy discussing why they should breastfeed, to help them see they could adapt it to their lifestyle, to help them know that a lot of the misconceptions they heard are not true and they can do this. So, primarily, it was just providing the support through peer counselors and professionals.

We have also seen much evidence of success at the local level as well. In Augusta, Georgia, breast feeding rates have risen almost threefold; in Moberly, Missouri, a third increase. In Newark, New Jersey, rates have increased threefold; in Cuyahoga County in Ohio, almost a 50-percent increase. So we have had lots of success in lots of places, and we have learned, in general, that time with WIC patients translates into more women choosing to breastfeed.

Senator HARKIN. Is this just over the last 4 years?

Ms. LAZAROV. Yes, the last 4 years. We have done a lot with that money that we designated in 1989. The job is not yet done, though.

Despite the overhaul that has occurred in WIC, the change has not been consistent from State to State, from clinic to clinic, or from patient to patient within each clinic. Consequently, mothers in one clinic may be given adequate education and support, while a mother just a few miles away served at another clinic may be given little support. I saw this really clearly in the focus groups I conducted where in one, in particular, three women who had apparently been given good support and said that WIC made all the difference world and they never would have breast fed had it not been for WIC. Then another woman, who looked kind of dumbfounded, said she didn't even realize that WIC gave that support, and it turns out in probing a little bit further that she was served in a clinic just 30 miles away. This is a scenario that really exists probably in every State.

Let's contrast that situation to the support women get for formula feeding in the WIC Program. Today and every day, every woman who walks through the door of a WIC clinic is guaranteed she will get what she needs to formula feed her baby—the formula and the education to use the formula.

Why aren't WIC women guaranteed the same access to breast feeding education? The answer is as simple as it is complex, because breastmilk doesn't come in a can. If breastmilk came

packaged in a can and was stocked right on the shelf next to a can of formula, there would be no debate about reinvesting in breastmilk the \$500 million we now expend on formula.

We would probably not even allow the purchase of infant formula. Based on the same premise that the WIC Program doesn't permit the purchase of unfortified cereals that increase the risk of iron deficiency, we wouldn't allow the purchase of a product that increases the risk of gastrointestinal infections, ear infections, diarrhea, allergies, life-threatening, necrotizing enterocolitis, and we could go on.

Stated in another way, imagine we are reinventing the Program and are able to dump all the dollars spent on infant feeding into a big bag—you know, the kind with the dollar sign on it. We have this bag here and we dump the \$500 million spent on formula, the staff time educating the patient using formula, the staff time assisting patients in switching from formula to formula when they have allergies, diarrhea, or other GI upsets, and then the dollars spent on supporting women in breast feeding.

Currently, in this bag of money we have approximately 5 percent of the money invested in breast feeding support, while 95 percent is invested in infant formula support. However, without the formidable division between the food and admin dollars, we probably would divide it up differently than we do now. Even if we recognized that every dollar invested in breast feeding support does not translate into breastmilk, we would still invest more than the \$8 million we designated in 1989 and probably more than the \$22 million we are now proposing.

So as we move to the next reauthorization period, given the numerous advantages of breast feeding, shouldn't we make it as easy for women to adopt breast feeding as we have made it to adopt formula feeding? Recognizing the constraint on the administrative budget, we have proposed a \$21 per pregnant and breast feeding woman, only 2.9 percent of the administrative budget. This is a modest increase from the 2.3 percent of the budget designated in 1989, basically a difference of half of 1 percent.

In conclusion, with WIC reaching its 20th birthday, perhaps it is time to reexamine why we were debating over one-half of 1 percent of the administrative budget for this critical service. In 1974, it was understandable for WIC to make a large investment in formula feeding without considering the ramifications for providing support for breast feeding. At that time, there was little support for breast feeding from any segment of our society, including the health care sector.

Two decades later, despite the well-documented benefits of breast feeding, we still allow the inequitable distribution of infant feeding dollars to exist. Although we cannot solve the problem overnight, I urge you to build on the overwhelmingly successful vision created in 1989 by moving one step closer to assuring that all WIC women have access to breast feeding education and support.

Thank you.

Senator HARKIN. Thank you very much, Ms. Lazarov. I have a couple of questions. I will go to those after we get to our last panelists here, and that is Carol Porter, vice president of Kid Care, the

first Meals on Wheels program, founded in Houston, for kids. She is accompanied by her husband, Hurt Porter.

I will leave it up to you to decide who goes first.

STATEMENT OF HURT PORTER AND CAROL PORTER, KID CARE, INC., HOUSTON, TEXAS

Mr. PORTER. Thank you, Mr. Chairman. I want to say good afternoon. It is indeed an honor to speak before this committee and share our vision for a better tomorrow for our children. We thank Senator Kay Bailey Hutchison for arranging this opportunity and the Aunt Jemima Brand Division of Quaker Oats for sponsoring the trip.

Every media outlet cries out the saga of over 12.5 million hungry American children. Kid Care, the first Meals on Wheels for children founded in Houston, Texas, is committed to ending hunger among children within this century by empowering individuals and organizations to develop our concept.

You may listen to many throughout our great country who tell you to allocate more funding to build more prisons and more juvenile detention centers. The answer is not to flood America with prisons. The answer is to inundate our low-income communities with quality food, quality education, job opportunities, effective treatment facilities, and quality housing. All of these issues are successfully addressed by numerous community-based organizations. We can invest in creating successes for our children now or we can pay for their failures as adults later.

Kid Care delivers over 18,000 meals monthly to the doors of Houston's hungry children. We also provide cultural opportunities, such as tutorial and day care assistance, preschool, and summer camp experiences. Now, all of this is done without governmental financial assistance. Kid Care daily assists over 500 children of every race because hunger and malnutrition do not discriminate, and neither do we.

We have achieved our success because of caring individuals such as Norm Yule, an individual who is a reporter for KHOU-TV, Channel 11, and corporations such as *Toys 'R Us*, Heartline Communications, the Quaker Oats Company, and Houston Central Industries. These corporations have demonstrated how communities can change from bleakness to brightness when the private sector joins hands effectively with the non-private sector and nonprofit organizations.

Ms. PORTER. Hunger in America is at epidemic proportions. A Meals on Wheels for children in American communities can help reach the children that the food pantry networks and kids cafes aren't able to assist, as well as children in households receiving food stamps which run out in the second or third week of each month.

In communities throughout our great country, children are seen eating out of dumpsters, children are seen begging on our streets—heart-wrenching scenes remembered by those who experienced the Great Depression. If our Government continues to fail to make children the number one item on our agenda, if Government fails to strongly encourage the private sector to join hands with nonprofit organizations, then America has condemned children in need to an

inheritance of a diminished destiny. Our inaction will affect the quality of life not only for the children we fail now, but also the children of generations to come.

Kid Care has been brought to municipal court twice by our health department and faced a jury trial in September and October because we refused to use donated funds to convert our home kitchen to commercial standards. Allow me to share a few of the examples which we have been cited for: no mop sink; our preparation sink is too shallow; our stove lacks a vented hood to minimize grease fires. Since we never fry foods, this is an unnecessary expense.

As a registered nurse, I am not saying lower the health standards. I am saying it is time to modify the standards and make a distinction between a nonprofit and a profit making kitchen, thereby enabling Mr. and Mrs. Community to fully participate in feeding hungry men, women and children without fear of litigation. The Government cannot feed the millions. The Government needs the assistance of every willing citizen and organization.

We would appreciate any assistance in facilitating change in Federal statutes that impact nonprofit organizations seeking to feed hungry Americans. You, Mr. Chairman, with a stroke of your pen and word of mouth, can help change the lives of millions of hungry Americans. We no longer have the luxury of saying let someone else do it because we are that someone else.

We appreciate the opportunity to present this statement and are willing to assist this committee in implementation procedures. Thank you so very much.

Senator HARKIN. Mr. and Ms. Porter, thank you very much for being here and for the very fine statement.

There are a couple of things I just wanted to clear up. I will just start at the beginning. Mr. Cooper, what experience have you had either in Iowa or other States with WIC participants who have gotten these farmers' market certificates returning to the markets? What is the return rate? Do people come back? Do they try it once and move on? Do you have any data on that?

Mr. COOPER. Well, I think almost every State has some kind of data. In Iowa, what we find is they continue to shop. My statistics are probably a little vague, but I think well over 55, 56 percent of the constituents in Iowa that receive WIC/F.M.N.P. benefits continue to shop after they are no longer receiving those benefits. I can't give you national figures at this time.

By and large, we find that once WIC clients are educated that this marketing opportunity or this shopping opportunity exists to get fresh fruits and vegetables from people they can talk to about how they were grown, where they were grown, what you use them for, they continue to come back time and time again and shop.

We have seen in our local communities in Iowa that the markets have been greatly strengthened by this increase in participation by WIC clients not only when they have the benefits, but after they no longer are being served by the Program.

Senator HARKIN. What is the biggest problem the WIC in farmers' market program? What is the biggest hurdle or the biggest problem that you think we ought to address or look at, if there are any? Maybe there are not any.

Mr. COOPER. Well, there are several, but I think the biggest problem probably would be the need for increased funding because we have a greater demand than we can serve. In Iowa this past year, the State legislature provided an additional \$25,000 so that we could add 5 counties to the Program that we could not have served with Federal dollars alone.

We are finding that with 26 programs and with the suggestion of no match by the Indian nations that the demands on the Program are going to be very severe. As WIC goes toward full funding, even programs like Texas, where they are not able to serve growth in existing service areas fully, more State dollars are being demanded to keep the Program going.

The second one would be that we are administering the Program with a very low administrative rate, and that makes it very difficult for us to do the kind of job that we should do. We would like to see the Congress allow us a higher administrative rate than we currently have.

Senator HARKIN. Thank you very much, Mr. Cooper.

Ms. Lenihan, since you are the national president of the WIC directors, obviously I was interested in your legislative proposals. I just handed it to my staff and I wrote a big "yes" on it. As you know, I have been very concerned about breast feeding, and we talked about it with Ms. Lazarov here. I might combine the two of you in this one question.

Four years ago, we made these changes to promote breastfeeding. I think we have an \$8 million annual amount that we have put into this effort for breastfeeding education and support services, but the rates are still quite low. I am interested in the instances rates that went up. That is an increase, but I still think the rates are still pretty low nationally.

As more and more information becomes available on the benefits of breast feeding, I believe it is imperative that we move ahead, and I am concerned about some of the features of the WIC Program that may tend to discourage women from breast feeding. You mentioned some changes here relating to the recertification. I think that would help.

Ms. LENIHAN. We do believe that would help because it gives the message to the mother that we are treating the mother and the infant the same.

Senator HARKIN. Yes.

Ms. LENIHAN. We do assessments on the infant throughout the first year of life, but we don't bring them back to go through the formal recertification process. Anything that would make the mother feel like she is giving her baby the extra benefit—I think the elimination of that 6-month certification would help.

Senator HARKIN. Should the 1 year be extended?

Ms. LENIHAN. Beyond 1 year of life?

Senator HARKIN. Yes.

Ms. LENIHAN. I hadn't thought of that, to be honest, Senator. Many mothers do wean their babies by the first year of life.

Senator HARKIN. Most do; I think most do, yes. Maybe that is not a factor.

You also said NAWD urges the Congress and administration to authorize States the option to use food dollars to buy manual or electric breast pumps. They can't do that now?

Ms. LENIHAN. We buy breast pumps now. We use the Nutrition Services and Administration funds to buy breast pumps out of the breast feeding allocation. The money for breast feeding promotion—I feel some of the best money spent is on staff, on hiring peer counselors and on training programs.

Senator HARKIN. You would agree with that, right, Ms. Lazarov?

Ms. LAZAROV. Yes.

Ms. LENIHAN. Many States in the last 4 years have used their breast feeding funds for a mix of that. There have been a lot of changes in the WIC Program, but I feel the best dollar spent is on staff, but we also need what I am going to call the assistive technology of breast pumps for women who want to be able to use the pump during the day when they don't have the baby with them.

Senator HARKIN. Now, Ms. Lazarov, I have another question about this. I didn't quite understand your written testimony. You mentioned this and I just didn't quite follow it. Maybe you can clear it up. You said that the cost of providing a very basic level of care to the WIC participant for both the prenatal breast feeding education and the postpartum support is approximately \$32 per pregnant and breast feeding woman. Then you proposed \$21 per pregnant and breast feeding woman in this reauthorization legislation. Why are you requesting a cut in that figure?

Ms. LAZAROV. Well, we have had concerns aired by the WIC community that the administrative budget is spread very thin, and these dollars come out of the administrative end of WIC. So it was just an effort to try and recognize that there are lots of constraints on WIC directors.

We had a proposal earlier to try and encourage the use of rebate dollars for breast feeding so that some of this money could come out of the food pot, but unfortunately we have not been able to proceed with that. So it really boils down to a division between admin and food. Breast feeding comes out of admin and there are lots of constraints, so we have proposed something less than what is the ideal, just recognizing that the political climate within the WIC community is not necessarily feeling good about further earmarking funds.

Senator HARKIN. What are we spending right now? What is the level?

Ms. LAZAROV. We are spending approximately \$24 million.

Senator HARKIN. Per person?

Ms. LAZAROV. Per person, we are spending—well, it is a little bit more than what we are even asking for in this legislation. We just got this figure last week and I think it is around \$22 per person.

Ms. LENIHAN. Right now, what had been required was approximately \$8, but in the figures that Minda mentioned, as you can see, many States are probably spending two to three times the required set-aside amount for breast feeding promotion.

Ms. LAZAROV. We know that two-thirds of the States are already spending the \$21 we are asking for.

Senator HARKIN. OK, but in those States, Ms. Lenihan, where they are spending substantially more, do we have any indication of

whether or not we have an increase in breast feeding? I would like to know if there is a correlation there.

Ms. LENIHAN. The data is really not available right now, Senator, but we can ask USDA to make the data more readily available. We don't have all of last year's expenditure data collated and available to us. I will say Minda brought up the point about the competition for the dollar. When you look at what has to go on in the WIC Program and that we are setting aside a certain dollar amount for breast feeding, it does make for competition both in terms of staff time and dollars as we fulfill all the mandates and the things that the Program needs to do. This is what she is referring to about the concern within the WIC community.

Ms. LAZAROV. If I may add another comment, there is another provision that we are proposing that all State agencies are required to document their rates of breast feeding. So I think this will help us 4 years from now as we readdress this issue. We will have a better answer to your question about has the money invested translated into increased rates of breast feeding. We do have data like we have from Tennessee and from these local agencies around the country that these dollars have been used effectively, but there is definitely a lack of data in all State agencies.

Senator HARKIN. Well, it just seems to me if this \$21-per-person amount is 2.9 percent of the administrative budget—and the administrative budget is how much now for WIC?

Ms. LENIHAN. Nationally, I couldn't give you that.

Senator HARKIN. Well, anyway, you say that the \$21 is approximately 2.9 percent of it, a modest increase from the 2.3 percent of the administrative budget designated in 1989. I assume designated for information and support?

Ms. LAZAROV. Yes.

Senator HARKIN. Well, that is sure not very much.

Ms. LAZAROV. No, it is not. That is, I guess, my point.

Senator HARKIN. Well, I think this subcommittee ought to take a look at that. We ought to take a look at the administrative budget of WIC and find out what it is all being used for and see just how much of that can go into support for pregnant and breast feeding women for information, education, peer counseling and support as a percentage of that.

You say 2.9 percent is what you are asking for. What would happen if we went to 4 percent or 5 percent? I want to take a look at that and see what the impact would be on the administrative budget. My staff tells me we have \$600 million in the administrative budget for WIC. Ms. Lenihan, since you are the head of NAWD now, would you maybe do some work for me and help us find out?

Ms. LENIHAN. We certainly can.

Senator HARKIN. I know that you agree with me that we have to

really start emphasizing breast feeding and do everything we can, and I am just trying to find out what is the best way.

Ms. LENIHAN. We do, and I think the past 4 years' experience of the Programs that have taken on the new mandate and the set-aside expenditure—we hope to have data that we will be able to show you that, in fact, breast feeding rates have changed. Each

year in the last 4 years, more money has been spent on breast feeding promotion and I believe we are making a turnaround.

However, I think we need to look at the world beyond WIC as we promote breast feeding. What is going on in hospitals? What is going on in education and training of health care professionals. You talked about mass media earlier. We need to do a good job of changing the attitudes of the American public.

In my State of North Carolina last year, we passed a law. We had to amend statutes to allow a woman to breastfeed in public.

Senator HARKIN. I beg your pardon?

Ms. LENIHAN. Yes. Recently, New York State has passed a similar law, as has Florida. Women were asked to leave public places. They were very discreetly breast feeding and they were asked to leave public places, so our legislature last year passed a law.

Senator HARKIN. Are there other States that have laws like that, I wonder?

Ms. LENIHAN. Yes, there are. New York State most recently passed a law within the last couple of weeks.

Senator HARKIN. That you can't breastfeed in public?

Ms. LENIHAN. No, no, that you can. I am sorry. They had to amend the statutes.

Senator HARKIN. Right, but there are States that still have laws that say—

Ms. LENIHAN. It is considered indecent exposure.

Senator HARKIN. That is the craziest thing I have ever heard.

Ms. LENIHAN. Yes.

Senator HARKIN. I guess I wasn't aware of that.

Ms. LENIHAN. So what I want to say is beyond the world of WIC there is a lot that needs to be done if we as a country are going to do a better job of getting all women to breastfeed, not just the women in the WIC Program.

Senator HARKIN. Wait a minute. States allow Playboy Magazine to be sold, and Penthouse, and they allow peep shows and all these video arcades, but they won't allow a mother to breastfeed in public? That is mind-boggling. I am sorry.

Ms. LENIHAN. Some of it was the interpretation of the public or a local judge to say that this was indecent exposure. So you get the law changed and then there is no question about the fact that it is legal to breastfeed in public.

Senator HARKIN. I guess I just never thought about that. I just wonder if my wife and I broke the law. Maybe we did. I don't know.

Mr. COOPER. Not in Iowa, Sir.

Senator HARKIN. What was Iowa is law? I don't know. I know my wife—I mean, we would go to restaurants and she would breastfeed. You can do it discreetly.

Ms. LENIHAN. Yes, you can.

Senator HARKIN. There is no problem. We would go to a theater and she would breastfeed. I mean, you know, there is no problem with that.

Ms. LENIHAN. We have had women call us and say they were asked to leave the restaurant because they were told it was in violation of the health codes. Now, I work for the State Health Department and was able to get back to the restaurant and say, no, it was not in violation.

Senator HARKIN. You are right, you are absolutely right. We have to change attitudes, and I have worked very hard for a number of years with the group that Dr. Brazelton belongs to, the pediatricians in this country, to get them in all of their statements and in their seminars and programs to really get their doctors to promote breast feeding, and it is changing, it is changing; hospitals, the same thing, and nurses, nurse practitioners, nurse midwives, need to get that information out.

I really want to take a look at this percentage of the administrative budget for breastfeeding promotion, and I need your help and your input on that to see if we could use more of that. Obviously, you have to be very careful because you don't want to tear down the structure, so I want to be very cautious about that. But if we can put more money into that program and if it can be absorbed and we can build on the successes we have had over the last 4 years, I would like to see if we can do that. So, give me your thoughts on that.

Ms. LAZAROV. May I add one comment to Alice's comments?

Senator HARKIN. Sure.

Ms. LAZAROV. I guess as we move toward health care reform, we should also look at how breast feeding can be incorporated into that, as it does save potentially millions of dollars. So, that is another area I guess I would encourage you to keep in mind.

Senator HARKIN. Well, if you have suggestions for me on that, let me know. We just passed our health care reform bill out of the Labor and Human Resources Committee yesterday, Senator Kennedy's committee, the first bill that has made it through a committee. I am not certain there is anything specifically on breast feeding in the bill. We have a benefits package on preventive care and maternal and child support care, but I don't think that breastfeeding is specifically delineated.

If you have some thoughts, any of you, on how we get breastfeeding involved in our health care bill, please let me know so I can do some things on it before it gets through. I say that to anyone here who is in the audience, also, if you have any thoughts or suggestions on how we can incorporate breastfeeding in a health care bill.

Ms. LAZAROV. Can I add one more comment?

Senator HARKIN. OK, sure.

Ms. LAZAROV. Though I agree with Alice that there are other areas that need to be addressed in order to assure WIC women are making an informed choice, WIC is still in a very unique position in that we give out infant formula for a full year. So without adequate education during pregnancy and the support after delivery, the woman is left with the message that this is what the Government and the health department wants her to do. You know, giving that formula away is the loudest message one can make, the most convincing message one can make.

Senator HARKIN. But all WIC programs are supposed to advise and consult with a WIC participant that the best thing for her child is breast feeding, and I can only assume that is being done.

Ms. LENIHAN. Yes. I believe that is happening, Sir.

Senator HARKIN. I believe that is happening from everything I can see. Now, again, this is always a problem. You know my strong

feelings about breast feeding. I have been fighting this battle now going back 16 years. Obviously, there are cases where women, for a medical reason or some reason, cannot breastfeed. There are those cases.

Ms. LAZAROV. May I comment that it is happening everywhere?

Senator HARKIN. Yes.

Ms. LAZAROV. I guess it is how you define what is happening. I think every WIC agency is making a stab at this. It is just because of the limited resources that many WIC agencies are not able to really adequately spend time with that patient to balance the message that this does make a difference. It does take time, although not much time, and \$32 is not a whole lot, to spend some time during pregnancy discussing with that woman what her concerns are about breast feeding and then making sure somebody is there to support her. That costs \$32 and that doesn't include the costs of support from the hospital and from these other health care providers because they do play a very important role, too. That is strictly the minimum level of care that WIC should provide in order to assure we balance the message that the distribution of formula provides.

Senator HARKIN. Well, I have had a long struggle with this issue. I am not against infant formula. I am in terms of its marketing, and the infant formula manufacturers know my long history on that score. It is an option that people ought to have available to them, but again I think that ought to be countered with adequate education and information on breast feeding.

I was the one who, in fact, relying on the Tennessee model back in the 1980's got the law changed, and pushed the rebate program which brought the costs of infant formula down. We have cut the cost of formula down by 50, 60 percent in some cases. Someone may ask, well, was that wise to do that? Now, it is more readily available and people can get it much cheaper. Well, I don't know. That is a struggle.

I still would rather approach it from the standpoint of education when a woman is pregnant, peer counseling, ensuring that those health care professionals to whom she turns, her doctors and nurses, also support this concept of breast feeding. Then I think we will make some great inroads in that regard, but it is a constant problem.

Mr. and Ms. Porter, 18,000 meals a month?

Ms. PORTER. That is correct.

Senator HARKIN. And no Government money?

Ms. PORTER. No Government money.

Senator HARKIN. All right. Do you provide breakfast, lunch, dinner, or what?

Ms. PORTER. No. During the school year, we provide preschoolers who do not go to school or have access to Head Start, which I consider one of the best programs—WIC and Head Start. Then in the afternoon, we go back and give a kiddy pack sack to the children who come from school and their siblings because how can they study if they are hungry? This is all being done through corporate donations and Mr. and Mrs. Community.

Senator HARKIN. Is this year-round or just during the school year?

Ms. PORTER. This is year-round. Kids like to eat year-round.

[Laughter.]

Senator HARKIN. So you take a meal out in the morning?

Ms. PORTER. We take a meal out in the morning.

Senator HARKIN. These are the kids who are not in Head Start?

Ms. PORTER. Right.

Senator HARKIN. Now, would some of these kids be in day care centers?

Ms. PORTER. No. These are children at home, preschoolers at home. We first started out giving the after-school sack lunch, and then it hit us 1 day. What happens to the little ones who are not in a program—Head Start, day care? What happens to them? Well, we went out and we knocked on doors to ask who is left home, and we found out that while their brothers and sisters are getting a free lunch, they are not eating at all in most cases. So now we are doing two meals.

When we have the money, it is always a hot meal in the morning, but always a sack lunch. Quaker Oats has supported us, and *Toys 'R Us*, Heartline Communications, and what we are doing is getting the food out to the child Monday to Friday. We hope to increase to Saturday and Sunday, but right now Monday to Friday.

Now, schools all across the Nation are going to let out. Many children are not thinking about swimming pools and summer vacations. Most children are thinking about how they are going to survive until school starts again.

Senator HARKIN. Now, how low an age do you supply food to?

Ms. PORTER. I love WIC, as a registered nurse. We feed the pregnant mothers who are not on the WIC Program because there are many mothers who are not. They can't access it, for whatever the reason, so the baby in the warmer to age 18.

Senator HARKIN. Define a woman who would be eligible for your program who would not be in the WIC Program.

Ms. PORTER. We have illegal aliens whose children will be American citizens who are afraid to access. We have mothers who are American citizens who, because of numerous siblings at home, do not have the time or the energy to board the bus and go and sit and wait.

One of the things that we have said, as well as the feeding and as well as immunizations, because we are concerned with that too, is that we must bring health care, we must bring these services into the community on a door-by-door basis, on a community-by-community basis. Until we do that, we are going to always be seeing mothers who are falling through the cracks. Mothers are not just insensitive, why they don't show up for appointments. They don't have the money for the buses, and who is going to watch their babies?

Senator HARKIN. Ms. Lenihan, help me out.

Ms. LENIHAN. I want to meet with Mr. and Ms. Porter and talk about what we can do to make access easier for the women that she is speaking to. Someone's status as an alien is not something that the WIC Program has to even be concerned with at this point.

Ms. PORTER. I know, but you see—

Ms. LENIHAN. But I understand the fear that she is talking about. It is the fear of going some place and signing up for a benefit.

Senator HARKIN. But you don't have to register or anything like that?

Ms. LENIHAN. No, you don't.

Ms. PORTER. No, you don't.

Ms. LENIHAN. No, you don't.

Ms. PORTER. But the parent is fearful, so when we find a fearful parent, as a registered nurse I talk to them about WIC and encourage them to go to WIC. Until they get on WIC, Kid Care supplements their food needs. First of all, we do encourage breast feeding because I breast fed, so that is the first thing on my agenda. But until that mother is into that program, we are their support system, so we feed many pregnant mothers on the route, and a child who is 18 as long as they are in school.

Senator HARKIN. Do you provide infant formula?

Ms. PORTER. I try not to. I encourage them to nurse and when I see they are not going to and they constantly ask me for formula, reluctantly I give it. But I am like you. If we push the can in their face, they are not going to take out the breast.

Senator HARKIN. Yes.

Ms. PORTER. Next week in Texas, we will be gearing up so we will be looking at 22,000 meals. Most of the cooking I do myself because we don't have the funding source, which is okay. What we want people in America to recognize is the Government cannot be expected to do it all. It takes everyone joining hands together to end the hunger crisis that befalls American children.

We don't have to go to Third World nations to see Third World conditions. We have children in our communities, in Washington and all throughout the United States of America, who are depicting scenes that we used to think only related to the Third World. A Meals on Wheels for children spoken throughout the Nation from your seat will encourage people and corporations to say this is an avenue, a possibility that works because the Government cannot be expected to do it all, nor does the Government have the money.

Senator HARKIN. That is interesting. How big a staff do you have to serve 18,000 meals a month?

Ms. PORTER. We have volunteers and we have four paid staff, minimal salaries, no fat-cat salaries. I do not take a salary. We are averaging about 80 cents-plus on the dollar directly to the child. So we have a lot of volunteers assisting us in getting the meals out. While we are here, who is minding the store? My son and other staff members and volunteers are getting the food out. It works.

Senator HARKIN. That is pretty good, that is pretty impressive. So it is a meal in the morning—

Ms. PORTER. And a meal in the afternoon. But in the summer time, to conserve energy, because of money and gas, we do one delivery so we are giving both meals at one time. The Quaker Oats

Company—this is what I mean, Mr. Chairman. We have to get corporations to get involved in lowering the hunger statistics.

Quaker Oats Company has given us hundreds and hundreds of boxes of Aunt Jemima brand pancake mix. This is not a commercial, but this is to show how corporate America can make a difference. We will be distributing this to our homes next week so there will be breakfast, and then they look to us for lunch. Then we have *Toys 'R Us* who are giving school supplies. Many children don't go to school because there are no supplies. We must make children our number one agenda. Government must encourage corporations to join hands. Then and only then will children be fed.

Senator HARKIN. I agree with you on that. I am delighted to hear about Quaker Oats, since it is a company in Iowa. I am glad they are doing this. It is a good company.

Well, thank you very much. I appreciate what you are doing. I am very proud of you. That is very impressive.

Ms. PORTER. Thank you.

Senator HARKIN. Maybe next time I am in Houston I can take a look at your program.

Ms. PORTER. Please, visit. I encourage everyone to see.

Senator HARKIN. Does anybody else have anything else to add before we adjourn this hearing?

[No response.]

Senator HARKIN. Well, if not, I thank you again, all of you, very much for your attention to these issues and your dedication and your involvement in feeding our children.

I will just close where I started. I started this hearing by saying it is a hearing about our future, and it certainly is. I think we have had some good testimony today. We will be moving the reauthorization bill through very shortly, we hope some time this summer. Again, we always look for ways of modifying the Programs. As Ms. Porter pointed out, Government can't do it all, and we are going to have limited means. We are under severe budget constraints, and so we have to look at how we really squeeze the dollar and make it go as far as possible. To the extent that we can involve the private sector in some kinds of joint operations and joint endeavors, I think we would all be better off for that if we can get that accomplished.

So, again, I throw this out. If you have any suggestions for modifications in the Program or changes that need to be made in the reauthorization, please by all means let us know and we will take them into consideration.

The subcommittee will stand adjourned. The next hearing that we will have will be on the school lunch and the School Breakfast Program.

Thank you very much.

[Whereupon, at 1:32 a.m., the subcommittee was adjourned.]

A P P E N D I X I I I

Carl Sagan¹⁹

LITERACY—THE PATH TO A MORE PROSPEROUS, LESS DANGEROUS, AMERICA

Frederick Bailey was a slave. As a boy in Maryland in the 1820s, he had no mother or father to look after him. ("It is a common custom," he later wrote, "to part children from their mothers . . . before the child has reached its twelfth month.") He was one of countless millions of slave children whose realistic prospects for a hopeful life were nil.

What Bailey witnessed, and experienced in his growing up marked him forever:

"I have often been awakened at the dawn of day by the most heart-rending shrieks of an own aunt of mine, whom (the overseer) used to tie up to a joist, and whip upon her naked back till she was literally covered with blood . . . From the rising till the going down of the sun he was cursing, raving, cutting, and slashing among the slaves of the field . . . He seemed to take pleasure in manifesting his fiendish barbarity."

The slaves had drummed into them, from plantation and pulpit alike, from courthouse and statehouse, the notion that they were hereditary inferiors, that God intended them for their misery. In these ways the institution of slavery maintained itself despite its monstrous nature—something even its practitioners must have glimpsed somewhere deep within them.

There was a most revealing rule: Slaves were to remain illiterate. In the antebellum South, Whites who taught a slave to read were severely punished. "[To] make a contented slave," Bailey later wrote, "it is necessary to make a thoughtless one. It is necessary to darken his moral and mental vision, and, as far as possible, to annihilate the power of reason." This is why slaveholders must control what slaves hear and see and think. This is why reading is dangerous and subversive in an unjust society.

So now imagine Frederick Bailey in 1828—a 10-year-old African-American child, enslaved, with no legal rights of any kind, torn from his mother's arms, sold away from the tattered remnants of his extended family as if he were a cow or an old anvil, conveyed to an unknown household in the strange city of Baltimore, condemned to a life of drudgery with no hope of reprieve.

Bailey was sent to work for Captain Hugh Auld and his wife, Sophia, moving from plantation to urban bustle, from fieldwork to housework. In this new environment, he came everyday upon letters, books, and people who could read. He discovered what he called "this mystery" of reading: There was a connection between the letters on the page and the movement of the reader's lips, a nearly 1 to 1 correlation between the black squiggles and the sounds uttered. Surreptitiously, he studied

¹⁹ Carl Sagan is a Pulitzer Prize-winning scientist and recipient this year of the Public Welfare Medal, the highest honor of the National Academy of Sciences. Ann Druyan is secretary of the Federation of American Scientists and a director of the Children Health Project, which uses mobile units to bring free medical services to poor and homeless children. Their latest book is *Shadows of forgotten Ancestors*, now available in paperback from Ballantine Books.

from young Tommy Auld's *Webster's Spelling Book*. He memorized the letters of the alphabet. He tried to understand the sounds they stood for. Eventually, he asked Sophia Auld to help him learn. Impressed with the intelligence, and dedication of the young boy, and perhaps ignorant of the prohibitions, she cheerfully complied.

By the time Bailey was spelling words of three and four letters, Captain Auld discovered what was going on. Angrily, he ordered Sophia to stop. In Frederick's presence he explained:

"A nigger should know nothing but to obey his master—to do as he is told to do. Learning would spoil the best nigger in the world. Now, if you teach that nigger how to read, there would be no keeping him. It would forever unfit him to be a slave."

Auld chastised Sophia in this way as if Frederick Bailey were not in the room with them, or as if he were a block of wood.

Auld had revealed to Bailey the great secret: "I now understood . . . the White man's power to enslave the Black man. From that moment, I understood the pathway from slavery to freedom."

Without further help from Mrs. Auld, Frederick found ways to continue learning how to read, including buttonholing White school children on the streets. Then he began teaching his fellow slaves:

"Their minds had been starved . . . They had been shut up in mental darkness. I taught them, because it was the delight of my soul."

With his knowledge of reading playing a key role in his escape, Bailey fled to New England, where slavery was illegal and Black people were free. He changed his name to Frederick Douglass (after a character in Sir Walter Scott's *The Lady of the Lake*), eluded the bounty hunters searching for escaped slaves and became one of the greatest orators, writers and political leaders in American history. All his life, he understood that literary had been the way out.

For most of the tenure of humans on earth, nobody could read or write. The great invention had not yet been made. Except for firsthand experience, almost everything we knew was passed on by word of mouth. As in the children's game "Telephone," over tens and hundreds of generations, the information would be slowly distorted and lost. As time went on, we knew less and less about our own origins and history and nature.

Books changed all that. Books, purchasable at low cost, permit us to interrogate the past with high accuracy; to tap the wisdom of our species; to understand the point of view of others, and not just those in power; to contemplate—with the best teachers—the insights, painfully extracted from Nature, of the greatest minds that ever were, drawn from the entire planet and from all of our history. They allow people long dead to talk inside our heads. Books can accompany us everywhere. Books are patient where we are slow to understand, allow us to go over the hard parts as many times as we wish, and are never critical of our lapses. Books are key to understanding the world and participating in a democratic society.

Nevertheless, a recent national survey done for the U.S. Department of Education paints a picture of a country with more than 40 million illiterate or barely literate adults. Other estimates are much higher. The literacy of young adults has slipped dramatically in the last decade. Only 3 percent to 4 percent of the population scores at the highest of five reading levels (essentially everybody in this group has gone to college).

The vast majority have no idea how bad their reading is. Only 4 percent of those at the highest reading level are in poverty, but 43 percent of those at the lowest reading level are. Although it's not the only factor, of course, the better you can read, in general the more you make—an average of about \$240 a week at the lowest reading level, about \$650 a week at the highest reading level. Also, you are much more likely to be in prison if you're illiterate or barely literate.

If Frederick Douglass as an enslaved child could teach himself into literacy and greatness, why should anyone in our more enlightened day and age remain unable to read? Well, it's not that simple—in part because few of us are as brilliant and courageous as Frederick Douglass, but for other important reasons as well:

If you grow up in a household where there are books, where you are read to, where your parents and siblings read for their own pleasure, you naturally learn to read. On the other hand, if no one close to you takes joy in reading, why should you make the effort? If the quality of education available to you is inadequate, if you are taught rote memorization rather than how to think; if the content of what you are first given to read comes from a nearly alien culture, literacy may be a rocky road.

You have to internalize, so they're second nature, dozens of upper- and lower case letters, symbols and punctuation marks; memorize thousands of dumb spellings on a word-by-word basis; and conform to a range of rigid and arbitrary rules of grammar. If you're preoccupied by the absence of basic family support or dropped into a roiling sea of anger, neglect and self-hatred, you might well conclude that reading takes too much work, and just isn't worth the trouble. If you're repeatedly given the message that you're too stupid to learn (or, the functional equivalent, too cool to learn), and if there's no one there to contradict, you might very well buy this advice. There are always some kids—like Frederick Bailey—who beat the odds. Too many don't.

Yet, beyond all this, there's a particularly insidious way in which, if you are poor, you may have another strike against you in your effort to read—and even to think.

The authors of this article come from families that knew grinding poverty. Yet, our parents were readers. One of our grandmothers learned to read because her father, a subsistence farmer, traded a sack of onions to an itinerant teacher. She read for the next hundred years. Our parents followed prescriptions on childhood nutrition recommended by the U.S. Department of Agriculture as if they were handed down from Mount Sinai. For a while, one set of parents gave up smoking—one of the few pleasures available to them in the Depression Years—so their infant could have vitamin and mineral supplements. We were very lucky.

Recent research shows that many children who do not have enough to eat wind up with diminished capacity to understand and learn (“cognitive impairment”). Children don't have to be starving for this to happen. Even mild undernourishment—the kind most common among poor people in America—can do it. This can happen before the baby is born (if the mother isn't eating enough), in infancy or in childhood. When there isn't enough food, the body has to make a decision about how to invest the limited foodstuffs available. Survival comes first. Growth comes second. In this nutritional triage, the body seems obliged to rank learning last. Better to be stupid and alive than smart and dead.

Instead of showing an enthusiasm, a zest for learning—as most healthy youngsters do—the undernourished child becomes bored, apathetic, unresponsive. More severe malnutrition leads to lower birth weights and, in its most extreme forms, smaller brains. However, even a child who looks healthy but has not enough iron, say, suffers an immediate decline in the ability to concentrate. Iron-deficiency anemia may affect as much as a quarter of all low-income children in America; it attacks the child's attention span and memory, and it may have consequences reaching well into adulthood.

What once was considered relatively mild undernutrition is now understood to be potentially associated with lifelong cognitive impairment. Children who are undernourished even on a short term basis may have a diminished capacity to learn. Additionally, millions of American children go hungry every week. Lead poisoning, which is endemic in inner cities, also results in serious learning deficits.

Some programs wisely instituted on the Federal or State level deal with malnutrition. The Special Supplemental Food Program for Women, Infants and Children (WIC), the School Breakfast and Lunch Programs, the Summer Food Service Program—all have been shown to work, although they do not get to all the people who need them.

Some deleterious effects of undernutrition can be undone. Iron-repletion therapy, for example, can repair some consequences of iron-deficiency anemia. On the other hand, not all of the damage is reversible. So rich a country as ours is well able to provide enough food for all its children.

Dyslexia—various disorders that impair reading skills—may affect 15 percent of us or more, rich and poor alike. Its causes (whether biological, psychological or environmental) are often undetermined. However, methods now exist to help many with dyslexia to learn to read.

No one should be unable to learn to read because education is unavailable—but, sadly, the demand for adult literacy classes far outweighs the supply. High-quality early education programs such as Head Start can be enormously successful in preparing children for reading. Head Start reaches only about a third of eligible preschoolers.

For several years, the National Center for Family Literacy, based in Louisville, Kentucky, has been implementing programs aimed at low-income families that seek to teach both children and their parents how to read. It works like this:

The child, 3 to 4 years old, attends school 2 days a week along with a parent, or possibly with a grandparent, or guardian. While the grownup spends the morning learning basic academic skills, the child is in a preschool class.

Parent and child meet for lunch and then "learn how to learn together" for the rest of the afternoon.

A followup study of 14 programs in 3 States revealed that: (1) Although all of the children had been designated as being at risk for school failure as preschoolers, only 10 percent were still rated at risk by their current elementary school teachers. (2) More than 90 percent were considered by their current elementary school teachers as motivated to learn. (3) Not one of the children had to repeat any grade in elementary school.

The growth of the parents was no less dramatic. When asked to describe how their lives had changed as a result of the family literacy program, typical responses described improved self-confidence (nearly every participant) and self-control, passing high-school equivalency exams, admission to college, new jobs and much better relations with their children. The children are described as more attentive to parents, eager to learn and—in some cases, for the first time—hopeful about the future.

In its early years, this Nation had one of the highest—perhaps the highest—literacy rates in the world. (Of course, slaves and women didn't count in those days.) As early as 1635, there had been public schools in Massachusetts. Political theorists came from other countries to witness this national wonder—vast numbers of ordinary working people who could read and write. Our devotion to education for all propelled discovery and invention, a vigorous democratic process and an upward mobility that pumped our economic health.

Today, the United States is not the world leader in literacy. Many of those judged literate are unable to read and understand very simple material—much less a sixth-grade textbook, an instruction manual, a bus schedule or a mortgage statement. The sixth-grade textbooks of today are much less challenging than those of a few decades ago, while the literacy requirements at the workplace are more demanding than ever before.

The gears of poverty, ignorance, hopelessness, and low self-esteem interact to create a kind of perpetual failure machine that grinds down dreams from generation to generation. We all bear the cost of keeping it running. Illiteracy is its linchpin.

Even if we harden our hearts to the shame and misery experienced by the victims, the cost of illiteracy to all of us is severe—the cost in medical expenses, and hospitalization, the cost in crime and prisons, the cost in special education, the cost in lost productivity and in potentially brilliant minds who could help solve the dilemmas besetting us. Even if we didn't have a microgram of compassion in us, it would still make sense to take heroic steps to avoid undernutrition and malnutrition in fetuses, infants and children, and to make reading available and attractive to all Americans. It will not solve all our problems, but it will take us far.

Frederick Douglass taught that literary is the path from slavery to freedom. There are many kinds of slavery and many kinds of freedom, but reading is still the path.

WHAT YOU CAN DO

- Read to your children, even when they're very young.
- Have books around and read them yourself.
- Read to other children; volunteer to help in the schools.
- When a child asks you a question you can't answer, don't send him or her away empty-handed. Look it up, even if it takes a trip to the library.
- Support programs that provide more textbooks and libraries, better schools, and improved teacher training—especially in inner-city schools.
- Support programs that combat childhood malnutrition and teach reading.

For more information, write to:

National Center For Family Literacy
 Water Front Plaza, Suite 200
 325 W. Main Street
 Department P
 Louisville, Kentucky 40202-4251

The Center on Hunger, Poverty and Nutrition Policy
 Tufts University School of Nutrition
 11 Curtis Avenue
 Department P
 Medford, Massachusetts 02155

Literacy Volunteers of America
 5795 Widewaters Parkway
 Department P
 Syracuse, New York 13214-1846.

Orton Dyslexia Society
 Chester Building
 8600 LaSalle Road, Suite 382
 Department P
 Baltimore, Maryland 21286-2044.

STARTING POINTS

MEETING THE NEEDS OF OUR YOUNGEST CHILDREN



CARNEGIE
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A SUPPLEMENTAL FOOD PROGRAM: BUILDING ON SUCCESS

WIC, the Special Supplemental Food Program for Women, Infants, and Children, was established in the early 1970s. It provides highly nutritious food to low-income women who are pregnant or breastfeeding and to their children up to the age of five. WIC also provides the women with information and education on nutrition. The program links the distribution of food to other health services, including prenatal care. According to the National Commission on Children's 1991 report *Beyond Rhetoric*, participation in WIC reduces by 15 to 25 percent the chance that a high-risk pregnant woman will deliver a premature or low-birthweight baby. It increases the likelihood that these women will receive early, regular prenatal care and that their children will get regular pediatric care and immunizations. Mothers and children who are at greatest risk—those who are poor, minority, and poorly educated—benefit most.

WIC's cost-effectiveness has been clearly demonstrated. Because it significantly reduces the chances of prematurity and low birthweight and thus avoids extraordinary costs of neonatal intensive care that these conditions typically entail, the savings can be substantial. The average cost of providing WIC services to a woman throughout her pregnancy is estimated to be less than \$250; the costs of sustaining a low-birthweight baby in a neonatal intensive care unit for one day are many times that amount. Despite its demonstrated success, however, WIC has never been fully funded. It currently serves some 4 million women and children, out of an eligible population of 7 million. ●

Dr. T. Berry Brazelton

Senator Harkin, Senator McConnell, Members of the Senate Agriculture, Nutrition, and Forestry Committee, I am Dr. T. Berry Brazelton, a pediatrician. I am on the faculty of Harvard Medical School, and I practice at Children's Hospital in Boston, where I am a founder of the Child Development Unit.

I have been a pediatrician for over 40 years and have seen tens of thousands of children. I have begun to regard the growing of poverty of the young, as the biggest threat to our Nation's future. I am here today to talk specifically about one of the risk factors that poor children face every day—the risk of undernutrition. Poverty makes children more vulnerable to being undernourished and poverty makes children more vulnerable to the effects of undernourishment on their cognitive development.

An underlying goal of our Nation's important child nutrition programs, is to protect children from measurable harm. Recent scientific research makes clear the harm that developing children incur when they do not receive adequate nutrition, damage which can, and sometimes does last a lifetime. Fortunately, the research shows that adequate nutrient intake can offset some of the effects of prior damage. When we eliminate undernutrition as a child-risk factor, we also eliminate a substantial threat to a child's physical growth and cognitive development. Good nutrition can even act as a buffer against other environmental insults a child may face. In other words, we now know that programs like WIC, School Lunch, School Breakfast and Summer Feeding go a long way towards safeguarding the health and well-being of millions of poor children.

Research now shows that not just severe malnourishment, but rather mild-to-moderate undernutrition, the type we see most frequently in the United States, can cause long-term developmental deficiencies. During all periods of child development, including in utero, undernutrition can have detrimental effects on the cognitive development of children. Undernutrition impacts the behavior of children, their interaction with their caretakers, their school performance, and their overall health and cognitive development.

Undernutrition begins to exact its toll even before the child is born. Pregnant women who are undernourished are more likely to have low birth weight babies. Along with the other health risk that are common to low birth weight babies, these infants are more likely to suffer developmental delays. In the case of very low birth weight infants, permanent cognitive deficiencies associated with smaller head circumference may reflect diminished brain growth.

It is known that low birth weight and size, and nutrition-related diseases all associate strongly with poverty. What may not be as well known is that one situation often sets the stage for another; in other words, these problems are interactive. A woman whose diet is insufficient for adequate weight gain during pregnancy is at increased risk to give birth to a child with medical and developmental problems. This child's body may not be prepared to allow normal physical and mental development, and the ensuing deficits can influence poverty status in both the child and his family in later years.

In addition, when a mother is undernourished, she is more likely to be depressed, have a poor self image and a feeling of hopelessness all of which is conveyed in her interactions with her child. In "face to face" research I have done on babies responses to their mother's depression, effects can be seen as early as 3 to 6 months of age. Baby girls tend to react in an apathetic manner while boys respond to their depressed mother with increased energy that can be characterized as violent.

As a child develops, undernutrition affects the formation of social skills and independent behaviors that are so important to a child's early development. Undernourished children typically are fatigued and uninterested in their social environment. Compared to their well-nourished peers, they are less likely to establish relationships or to explore and learn from their surroundings. Children typically learn and develop through establishing bonds and interacting with their caretakers—however, undernourished children, who have limited energy, do not elicit positive, stimulating interactions with their caretakers, and therefore their development suffers.

It was once believed that undernutrition during critical periods of brain growth resulted in neurological trauma and permanent developmental abnormalities. Many researchers no longer emphasize that malnutrition alone causes irreversible damage to the brain. Rather, it is now believed that cognitive deficits are a result of complex interactions between environmental insults and undernutrition. Persistent exposure to undernutrition and poverty has a cumulative effect. The longer a child's nutritional, emotional and educational needs go unmet, the greater the overall cognitive deficits. Continuous low nutritional intake, for example, usually affects psychological factors such as motivation, attentiveness and emotional expression. These in

turn may have a negative effect on critical developmental processes including parent-child interaction, attachment, play and eventually learning. However, unless major and irreparable physiological insult has occurred, improved nutrition and conditions in the social environment can modify the developmental effects of biological and social risk factors to which the child is exposed early in life.

Medically, malnutrition impairs the body's immune function which lead to increased vulnerability to disease and infection. Once an undernourished child becomes ill, he often takes longer to recover because of the weakened condition of his body. Then when he has gotten over the illness, a proper diet may not be available to fortify the child against the next occurrence of illness.

Because of the potential harm caused by inadequate nutrition, it is clear that the Child Nutrition Programs play an important role in protecting children during vulnerable development. The WIC program reduces low-birth weight and the subsequent developmental delays associated with that condition. Numerous studies show that WIC is highly cost-effective. The greatest cost savings are recognized in the form of reduced medical costs, however a 1992 GAO study recognized long-term benefits of the WIC Program, which include protection of a child's cognitive development. Among these are savings for special education that may have otherwise been required had the child not received adequate nutrition during pregnancy.

The WIC program is also special because it's function goes beyond simply providing a food package, rather the WIC Program helps to promote a child's cognitive and social development by providing a mechanism to bring together children and their caretakers. The program itself helps the caretaker to learn how to interact with and meet the child's needs.

The School Breakfast program too has been shown to have beneficial effects. It help children's academic performance and improves their attendance. The School Lunch Program provides low-income children with $\frac{1}{3}$ to $\frac{1}{2}$ of their nutritional intake each day; and, the Summer Feeding program, though sorely underutilized, plays a critical role in ensuring that children get adequate nutrition during the long summer months. Child nutrition programs need to be recognized as an integral part of a child's development. Now, as our Nation begins to see the wisdom in preventing illnesses, preventing deficiencies, and preventing poverty, we must guarantee that child nutrition is viewed as much as a preventive measure as a necessity. Children's healthy development depends upon your action now.

Doris Derelian

Good morning, Mr. Chairman, and Members of the subcommittee. I am Dr. Doris Derelian, a registered dietitian and researcher in the area of food intake and classroom performance. I am also president-elect of The American Dietetic Association (ADA), the world's largest organization of food and nutrition professionals with 64,000 members who serve the public through the promotion of optimal nutrition, health and well-being. ADA appreciates the opportunity to share its views on the Nation's child nutrition programs.

ADA applauds Senator Harkin and the other Members of this subcommittee for their strong support and interest in making our Nation's child nutrition programs the best they can be. ADA believes that S. 1614, the "Better Nutrition and Health for Children Act of 1993," is a step in the right direction since it will benefit our Nation's most valuable resource, children.

To guarantee an America with citizens capable of mastering the technological and futuristic work they will face, our educational institutions must prepare our students today with every possible opportunity to learn and to succeed at the academic and technical problem-solving tasks before them.

To do this, all the elements of learning need to be present at school: textbooks, writing supplies, computers, teachers, safe structures and many other contributors to the learning needs of America's children. Especially critical is the provision of nutritious food and adequate energy to support both the physical and mental activities of children day in and day out at school.

Success in school is measured by learning. Learning requires attention. The ability to pay attention requires freedom from competing mental and physical demands, especially in younger children. These competing demands hinder children and cause them to perform poorly in mathematical and language problem-solving tasks.

One of the strongest competing forces facing many children in the classroom, particularly in the morning, is the absence of nutritious food and limited food energy that produces a gnawing feeling of hunger. Hunger of this type is not related to the child's overall nutritional status or even to the overall economic status of the child's family, but rather to the lack of nutritious food and adequate calories. This lack of

food and calories will cause physical, mental and behavioral symptoms that prevent the child from entering a lying mode.

This lack of nutritious food and energy is not the result of socioeconomic status alone but may be found in children of all social classes. Whatever the reasons, the result is the same: limited learning.

Research has now demonstrated that this condition, called "transient hunger," causes physical symptoms in children. Reported incidence of respiratory illness, stomach pain and other gastrointestinal ailments has been verified. In fact, absenteeism is increased in children who do not eat nutritious foods and adequate calories in the morning. Children who do not come to school are automatically disadvantaged academically when measured against children who regularly attend.

Research has also verified that transient hunger has behavioral outcomes. This behavior the teacher may label as "restlessness", "low time-on-task", "hyperactivity", "sleepiness", and/or "unacceptable interpersonal relations". In any case, the behavioral result of transient hunger is noticeable to all who would watch these children.

Research has defined the level of achievement deficits experienced by hungry children. We can show that ability to perform reading, mathematical and logic tasks are impaired by feelings of hunger children experience. In fact, hungry children may not only score lower on the actual problems attempted, but they also quit the lesson sooner, leaving more problems unsolved and therefore, obtaining scores or grades significantly lower than children who are well-fed.

Obviously, it behooves us to define what constitutes an adequate food and calorie intake, what will provide a nutritious complement of foods acceptable to children, and what can be delivered in the institutional food service setting.

To enhance the nutritional quality of child nutrition programs, we need to utilize the significant documents that the scientific community and nutrition professionals support. We also have some suggested guidelines that are more loosely accepted. The Recommended Dietary Allowances (RDA) clearly supply us with the calorie requirements for children at various ages as well as for adults. In addition, the RDA provides for scientifically defensible levels of protein and macro and micro vitamins and minerals. Since the FDA is systematically revised by the Food and Nutrition Board of the National Academy of Sciences, we accept it as a defining document.

The USDA/HHS Dietary Guidelines for Americans appropriately generalizes the science of macro nutrients, such as fiber and sodium, as well as lifestyle issues, such as maintaining a healthy weight for the population as a whole.

In addition, we have the 1988 *Surgeon General's Report on Nutrition and Health*. In this document, many unhealthy lifestyle behaviors receive attention, including high dietary intakes of fat and sodium, smoking and lack of physical exercise.

When we collapse these resources with the *Education Goals 2000* objective, which says all children will enter the classroom ready to learn, the message becomes clear: present school meals must be changed into something more healthful for our students. At the same time, we must make sure that each child is free from the possibility of hunger or inadequate energy which will prevent maximum leaning and classroom achievement.

ADA believes that the current child nutrition programs have improved the dietary intake and nutritional health of the Nation's children. However, we also believe that changes can be made to improve these programs and build upon their past successes.

Changes are already being considered. Just this week, the United States Department of Agriculture announced their School Meals Initiative for Healthy Children which focuses on improving the nutrition standards of the school meals programs and reducing some of the massive paperwork currently required. Under the proposed regulations, ADA is pleased that schools will be required to meet the Dietary Guidelines for Americans and that schools will be able to use nutrient standard menu planing which allows for more creative menu planning.

Recommendations for Change in Child Nutrition Programs

Several issues must be addressed if the child nutrition programs are to provide leadership in further improving the health and well-being of children and in providing children with the best opportunity to learn:

- Improved nutritional quality using the principles of balance, variety and moderation
- Increased nutrition education and training
- Increased access to the child nutrition programs
- Reduced paperwork

Children must be assured of nutritious meals that contain adequate calories and a variety of foods which, in recommended portions, represent all food groups to which children are exposed in real life circumstances. Meal programs should meet the Dietary Guidelines for Americans and should encourage healthy eating habits.

An increased focus on nutrition education and training in all child nutrition programs is imperative. In schools, children in grades K-12 should learn about food choice behaviors and the physiology of nutritional health and physical activity, allowing them to evaluate new and variable information about nutrition science findings throughout their lives. Nutrition education should help children connect what they learn in the classroom to what they eat in the lunchroom.

Education and training must be provided for all school food service personnel, administrators and child care staffers in order for them to provide good tasting, appealing foods that meet the needs of the children. These providers, along with teachers, must have a knowledge and understanding of essential nutrition concepts such as the relationships of health, physical fitness and nutrition in childhood and the importance of learning good eating habits at a young age.

Access to each of the child nutrition programs should be enhanced so that all children who need these services can benefit from them. Children must have access to food where there is sufficient cause to expect a child might suffer from hunger even sporadically, regardless of income or social standing. School breakfast programs are available to slightly more than half of the Nation's students and just less than 20 percent of those to whom it is available participate. Startup grants must be made available to those schools who are not participating and efforts must be made to increase the marketing of this program to administrators and to students and their parents.

Paperwork must be reduced in order for child nutrition programs to further the health and nutritional status of the Nation's children. Program staff must be freed from excessive paperwork to focus more efforts on marketing and improving the nutritional quality of meal programs.

Research Needed

Greater emphasis must be placed on research aimed at determining prospective outcomes of changes in diets of children and lifelong susceptibility to degenerative diseases. Optimal nutrient levels for children must be scientifically determined since most research to date has been on adults and the data cannot be applied directly to children. The data available are not conclusive in proving that changes in diets of children have quantitative or even qualitative effects on aging, disease outcome, or premature morbidity and death. We need to do more to learn more.

Conclusion

Children must have the best conditions for learning, the primary goal of schooling. An optimal lag environment can be achieved by combining classroom nutrition education and lunchroom nutrition. Nutritious foods and adequate calories are necessary for our Nation's children to reach their lag potential. We urge Congress to act now and make changes that will give children these opportunities.

Harriet H. Cloud

Chairman Harkin, and Members of the Subcommittee on Nutrition and Investigations, my name is Harriet Cloud. I am a professor emeritus of the University of Alabama in Birmingham, and a nutritionist with the Civitan International Research Center, Sparks Clinics. We are one of the University Affiliated Programs established to train graduate students from many disciplines to work with children with developmental disabilities mental retardation and special health care needs. Thank you for the opportunity to present testimony related to better nutrition for this population.

It has been estimated that 15 percent of all children in the United States are children with special needs. Included in this group are those with Down syndrome, cerebral palsy, spina bifida, severe food allergies, seizures, cystic fibrosis, diabetes, phenylketonuria, and other conditions leading to failure to thrive, obesity, and feeding problems. National surveys of these children indicate that 50 percent have nutrition-related problems which may alter their energy and nutrient needs, and affect their ability to participate in established child nutrition programs such as School Lunch and School Breakfast.

Children with Down's Syndrome frequently require meals lower in energy value than the standard energy value of the school lunch or breakfast. There are children attending child nutrition programs who may have a conditions such as Prader-Willi Syndrome where control of their food intake, and prevention of obesity is one of the most important facets of their life. One other example is, the child is unable to eat foods high in protein, drink milk, or have any type of dairy products. These children require a special formula daily which needs refrigeration during the school day. Without this type of management, their ability to learn is seriously impaired. On the other hand, there are children who are underweight or "failure to thrive" who require extra calories often provided by adding fats and carbohydrates to the regular foods on the menu. Many children with cerebral palsy fall into this category. These children will not, as a group, respond well to the "Dietary Guidelines" being recommended for many children.

Modification of the school menu to meet changed nutrient needs has often been an unmet challenge in many schools and the nourishment of these children neglected. Although regulations exist which require providing meals which meet the needs of these children, many schools have been unable to modify the menu, change the texture of the food and restrict certain nutrients from the diet. This may reflect a lack of training on the part of the school food service personnel, rather than unwillingness, as well as a lack of awareness by the parent, that requests for changing a meal can be made.

Schools which include nutrition education programs promoting the inclusion of more fruits, vegetables, whole grain breads and cereals, and decreased use of fats and oils, should include the special needs child in their programs, since weight management is such a problem for many of these children. Often the child with special needs is excluded from the nutrition education programs related to the Dietary Guidelines—and that is a tragic exclusion. Surveys of these children often show that their intake of fruits, vegetables, whole grain breads, and cereals is more limited than that of the average school age child. Part of the problem may stem from lack of parental enthusiasm in providing food that is considered "healthy."

Other considerations for providing optimal nourishment for the child with special health care needs include feeding children who cannot consume foods on the menu with regular texture, but require foods which have been blended or chopped. Here a dual problem is presented to food service employees related both to the consistency of the food and its nutritional content. In addition, these children may require special equipment for seating and eating. Some of these children are fed by tubes which further complicates the food service program.

As consideration is given to these children, the necessity for interaction between school food service, teacher, other team members, and the parent emerges as an important issue. If there is not understanding and consistency between the school and the home much of the school's activities are in vain. We have often found in clinical practice that the school may be providing food prepared in a recommended manner, and the family is doing something different and less appropriate from a nutritional standpoint.

I want to express the appreciation of many nutritionists, who work with these children, to Senator Robert Dole for his statement in the Senate, in 1991, which listed his concern for school food service programs to better serve the child with special needs. Since that time, training conferences have occurred throughout the country, increasing awareness that regulations have existed requiring assistance for these children related to their food needs. In Region IV, a training manual was developed by a team of nutritionists at the University of Alabama at Birmingham, and conferences have been conducted by the National Food Service Management Institute. As awareness has grown many States are planning training sessions for food service personnel.

To summarize, it is evident,—from population studies,—that children with special needs often are at risk for nutrition problems which may cause altered energy, texture, and nutrient needs. The importance for individualizing the school lunch or breakfast is extremely important for these children to improve their nutritional status and contribute to their capacity to learn.

Linda Locke

OPPORTUNITIES TO IMPROVE THE CHILD AND ADULT CARE FOOD PROGRAM THROUGH THE 1994 REAUTHORIZATION OF THE CHILD NUTRITION PROGRAMS

Mr. Chairman, Members of the subcommittee, I am Linda Locke, Director of Public Policy for Community Coordinated Child Care (4-C) of Louisville-Jefferson County, Kentucky. Four-C is a private, nonprofit United Way child care resource and referral agency, dedicated to quality care for children and has been operating for nearly 25 years. I have been involved with the Community Coordinated Child Care's Child and Adult Care Food Program sponsorship for 13 years.

I wish to thank Chairman Leahy, Chairman Harkin, Senator McConnell and Members of the subcommittee for the honor and privilege of appearing before the subcommittee today. This subcommittee's leadership and work on improving the nutritional status of our Nation's most vulnerable is both admired and deeply appreciated. Those of us who are providing the direct services see everyday the benefits that young children in particular are deriving from their participation in the Programs we administer and which this subcommittee oversees.

Today I am here to testify on behalf of the National Child and Adult Care Food Program Sponsors Forum, of which I am serving as President through 1995. These recommendations have come from the Child and Adult Care Food Program Sponsors Forum, which is an organization representing the 10,000 Child and Adult Care Food Program Sponsors. In fiscal year 1992, this child nutrition program served an average of 1.8 million children each working day.

We want to thank Chairman Leahy for S. 1614, "Better Nutrition and Health for Children Act of 1993." The bill includes many of the improvements in the Child and Adult Care Food Program that are mentioned in this testimony today. We sincerely appreciate his recognition of the importance of this program to the young children in our country and the role it plays in maintaining their good health and well-being.

The CACFP provides nutrition services to three types of day care programs: family day care homes, child care centers/Head Start programs and adult day care programs. Summaries of the Adult Care Feeding Program in Kentucky and Arkansas are attached (Attachment #1).²⁰

The CACFP is a vital source of support for both type of child day care programs. Through the resources provided, including training, technical assistance, and reimbursement for food and meal preparation costs, the Program functions as an important tool in creating and maintaining accessible, affordable, quality child care.

For many of the children in day care, the day care center or family day care home they attend is their primary source of food; they spend 10-12 hours each day in care and receive most of their meals while there. According to Congress's Select Panel for the Promotion of Child Health, preschool children often receive 75-80 percent of their nutritional intake from their day care providers.

The CACFP makes a significant difference in the ability of providers to serve wholesome and nutritious meals. In an evaluation of the Program's effectiveness, USDA reported that children in day care settings participating in CACFP ate more nutritious meals than did those who were in child care sites that did not participate in the Program.

I have provided with this testimony a short summary of how family day care homes and child care centers participate in the Child and Adult Care Food Program. I would be glad to answer any questions you might have regarding these summaries (Attachment #2).²¹

It is vitally important to provide young children with the necessary nutritional support to have a healthy start in life. A poorly nourished child is unable to explore and learn from his or her surroundings. There have been consistent reports on the high rate of poverty among families with young children, a rate which has increased dramatically throughout the 1980's and into the 1990's. In addition, the Food Research and Action Center's Community Childhood Hunger Identification Project revealed that approximately five million children under 12 years of age suffer from hunger in America. Low-income families with young children face a daunting challenge in trying to stretch limited resources to meet the nutritional needs of their growing children. The CACFP provides a much needed resource for these families.

The Child and Adult Care Food Program Sponsors Forum believes strongly that it is in the best interest of the children served by the Program to maintain the current reimbursement structure for family day care homes. Since 1990, we have seen

²⁰ See page 248.

²¹ See page 249.

tremendous change in the Program and the children it serves as new Federal funding for child care subsidy has been received and implemented in the States.

We are seeing more homes serving children from mixed economic backgrounds; sponsors are providing a higher degree of technical assistance to homes when we enroll them in the CACFP as many of the new providers are themselves low-income. Family day care is a key, critical component of our Nation's child care infrastructure. Thirty-four percent of children under 5 years of age who are cared for in a formal setting are in family day care including the majority of infants and toddlers.

The CACFP plays a major role in ensuring the quality of care for these children. Because the majority of family day care homes are still not licensed or regulated, CACFP has been the single, most important factor in encouraging family day care homes to be regulated, since this is a requirement for participation in the CACFP.

According to the recently released report by Families and Work Institute *A Study of Children in Family Child Care and Relative Care* (Galensky, *et al*; 1994), these were some of the findings related to the differences between regulated and non-regulated family day care:

- only 13 percent of the regulated providers were rated as inadequate in quality, while 50 percent and 59 percent respectively of non-regulated and relative providers were found to be inadequate
- of the regulated providers studied and receiving the highest quality scores, 87 percent participated in the CACFP, strongly linking participation in this program to high quality family child care
- 94 percent of the regulated providers report their child care income on their taxes compared to 42 percent of non-regulated providers, and 5 percent of relative providers.

Many CACFP sponsors across the country are working in partnership with State welfare agencies to assist in the development of new family day care homes which are providing jobs for those leaving the welfare rolls. As an illustration of this, I have attached a family child care success story and a summary of 4-C's successful Louisville Family Child Care Project (Attachment #3).²²

Our other recommendations cover four main categories: increasing access to CACFP through broadening eligibility and facilitating outreach, broadening CACFP benefits, coordinating CACFP with other important programs serving low-income preschool children and administrative improvements. These recommendations were drawn from a nationwide survey done by the Food Research and Action Center and the National Child and Adult Care Food Program Sponsors Forum. In addition, the membership has met at regional and national CACFP conferences, and through workshops, panels and group sessions put together, along with the survey results, the following positions and proposals.

INCREASING ACCESS TO THE CHILD AND ADULT FOOD PROGRAM

A. Broadening Eligibility

Proposal 1: *Expand forprofit CACFP eligibility by allowing centers to participate in CACFP that serve 25 percent or more free or reduced price eligible children.*

BRIEF HISTORY

Current law allows forprofit centers to participate in the CACFP if 25 percent of the enrolled children each month are funded by Title XX funds. Since the early 1980's, the use of Title XX funds to assist low-income parents in paying for child care has steeply declined, while other sources of funds for assisting low-income parents have increased. State funding, local public and private funding sources (United Way and local government voucher programs) as well as new Federal programs (Child Care and Development Block Grant, Family Support Act) have moved in to help fill this void.

However, these other funding sources, even though they were also funding low-income children, are not allowed in determining whether a forprofit center meets the 25 percent eligibility criteria for participation in the CACFP.

In early 1989, Senator McConnell introduced legislation to change the eligibility criteria of forprofit centers. The change was that 25 percent of enrolled children

²² See pages 250 and 251.

would have to be eligible for free/reduced priced lunches, rather than funded by Title XX.

In late 1989, amendments to the Child Nutrition Reauthorization Act included the authorization of demonstration projects in two States that would allow forprofit participation with the changed eligibility criteria proposed in Senator McConnell's legislation. The two States chosen were Kentucky and Iowa.

CURRENT STATUS

As of September, 1993, Kentucky had 225 forprofit centers participating in the Demonstration Project who were serving 6,455 children each day. Of these children, 57 percent qualified for free/reduced priced meals. In fiscal year 1993, the Kentucky Demonstration Project in Kentucky cost \$3.8 million; however, in fiscal year 1989, Kentucky's Title XX forprofit center participation was approximately \$1.2 million. An executive summary of the Kentucky Project, prepared by Nancy Robeson, Manager of the CACFP in the KY Division of School and Community Nutrition, is attached (Attachment #4).²³

Iowa has eight forprofit centers serving 427 children each day participating in the Demonstration Project in that State. Of these children 44 percent qualify for free/reduced priced meals. In fiscal year 1993, the Iowa Demonstration Project cost \$146,033.

COMMENTS

I understand that S. 1614 includes making the changes tested in this Demonstration Project permanent throughout the country. However, I also understand that funding of this would cost around \$18 million, as estimated by the Congressional Budget Office, and that funding may not be available to expand the project nationally. If this is true, we would strongly urge that at a minimum, additional States be added as Demonstration States during this reauthorization.

At this time, USDA allows States that "blend" their Title XX funds with other child care funds to count as eligible any child enrolled in a forprofit center whose subsidized child care funding contains *any* Title XX funding. Therefore, some States have large numbers of "Title XX" forprofit sites, while other States have few, if any, "Title XX" forprofit sites.

A suggestion would be to add a certain number of States each year as Demonstration States. Adding those States that "blend" their Title XX funds and that already have a large number of Title XX forprofit sites would keep the cost estimates low. Adding sites would give USDA additional data by which to determine whether the Kentucky and Iowa data is valid. In addition this would also eliminate significant paperwork for the States selected, add children in sites that might have chosen not to participate because of the excessive paperwork and clarify the eligibility of the participating programs.

Two States of which I am aware that "blend" their Title XX funding and have a large number of Title XX forprofit sites are Vermont and Alabama. A letter of support from Jo Busha, State Director of Child Nutrition Programs in Vermont is attached (Attachment #5).²⁴

One other issue relating to the forprofit State Demonstration projects needs to be addressed. Public Law 102-342 included a change that allowed Title XX forprofit centers to be counted as eligible for CACFP participation if they met one of two criteria: (1) had at least 25 percent of the currently enrolled children Title XX funded or, (2) if at least 25 percent of the center's capacity was Title XX funded.

This change allowed centers that enrolled a large number of part-time children to participate in the CACFP. For example, a center might have a capacity of 60, but have 100 children enrolled. Even though no more than 60 children could be present at any one time, the criteria before this change required the center to have at least 25 (25 percent of 100) Title XX funded children; with this change, the center could participate if 15 (25 percent of 60) children are Title XX funded.

However, the way the language read in the bill did not allow this change to also be applicable to centers participating in the State Demonstration projects.

We would ask that the re-authorization bill make it clear that this change also applies to forprofit centers in the State Demonstration projects.

²³ See pages 252 through 255.

²⁴ See pages 256 and 257.

Proposal 2: *USDA should continue the CACFP Homeless Demonstration Project.*

The CACFP Homeless Demonstration project has been very helpful to the children it has reached. We recommend that USDA give serious consideration to the most effective structure within which CACFP can continue to be used to provide assistance to homeless children. We further recommend increasing the age limit for children in shelters participating in CACFP from the current limit of 6 years of age to at least 12 years of age, the age limit for CACFP participating in day care homes and centers.

Proposal 3: *Raise the age limit for participation in CACFP from 12 to 18 years old.*

This increase in the age limit would allow after school care centers serving Middle/Junior or Senior High School students to utilize the CACFP. The opportunity to have CACFP as an additional resource would be especially important for the "At-Risk Youth" after school programs that have been established for teenagers living in low-income urban areas. An informal staff estimate by the Congressional Budget Office on the cost of this provision as it appeared in the Adolescent Nutritional Equity Act was approximately 2 million dollars per year.

Proposal 4: *Allow State-approved foster care homes to participate in CACFP (FCCH section).*

Children in foster care are often at-risk nutritionally because of the abuse and/or neglect they have suffered. The CACFP would provide additional resources for foster care homes, which are most often chronically under funded, to meet the nutritional needs of these children. If a preschool child is in a residential child care facility, that child is eligible to receive Federally funded meals through the School Lunch Program. However, a preschool child living in a foster care home is not eligible for any Federally funded meal program. The establishment of a few State Demonstration Projects implementing this proposal would provide USDA and this committee with information on the effectiveness of the proposal in reaching unserved children.

B. Facilitating Outreach

Proposal 1: *Improve the use of the United States Departments of Agriculture's (USDA) CACFP expansion funds for family child day care homes in rural and low income areas.*

The National Child Care Survey estimates that in 1990, there were four million children enrolled in family day care on a regular basis. In 1992, CACFP was serving only about 20 percent of those children. A significant portion of those unserved are low-income and rural children. "Expansion funds to finance the administrative expenses for such institutions to expand into low-income or rural areas" were provided for as part of the amendments included in the 1989 Child Nutrition Reauthorization Bill. The National CACFP Sponsors Forum and Food Research and Action Center's survey results, as well as feedback from sponsors at regional and national meetings, revealed the need for several crucial modifications:

1. In order for the expansion funds to be most effective for use in combating barriers to CACFP, the money should be available to CACFP sponsors to help, where necessary, to facilitate low-income, day care, home providers to become licensed. (Family day care homes must be State-licensed before they can participate in CACFP.) Although the statute is silent on this issue, USDA's current interpretation prohibits the use of expansion funds for licensing. USDA's recent evaluation of demonstration projects looking at the most effective outreach techniques, showed that assistance with licensing was one of the most effective.
2. Additionally, because of the length of time needed to establish relationships in the community, the expansion moneys should be made available for an extended period of time, increasing the grant period to 1 year and the maximum reimbursements for up to 100 homes.
3. In the absence of final regulations on this issue, there has been a significant variation in the implementation of these funds at the State level. Some States have enforced unreasonable requirements on sponsors wishing to use the expansion funds, including excessive paperwork and reporting requirements. We would hope that final regulations on these expansion funds would be forthcoming very soon.

Proposal 2: *Allow sponsor administrative funds to be used to recruit unlicensed homes.*

Current law is unclear on whether administrative funds can be used to pay staff expenses to recruit unlicensed homes. This change would make it clear that this is an allowable activity.

Proposal 3: *Require USDA to provide training and technical assistance to sponsors on effective outreach techniques to low-income and rural family day care homes.*

Pursuant to an amendment in the 1989 Child Nutrition Reauthorization Bill, USDA carried out demonstration projects and produced a report on effective outreach to low-income and rural providers. In order to facilitate the outreach efforts of sponsors, in particular the use of the expansion moneys, USDA should provide training and technical assistance on these issues through their regional and State staff. CACFP sponsors have expressed a need for this information. It would be very helpful for USDA to produce booklets and audiovisual materials for sponsors to use when doing outreach to low-income family day care home providers. In addition, USDA should function as a clearinghouse for materials and plans that have been successful, especially low-literacy and non-English language outreach and program materials.

C. Broadening Benefits

Proposal 1: *Providing additional nutritional assistance to children in CACFP family day care homes by providing the option of a fourth meal service.*

This provision would require USDA to reinstate the option of providing a fourth "meal service" to children in CACFP family day care homes over 8 hours in a day. Currently, family day care providers can offer at most two meals and a snack (or two snacks and meal). This proposal would allow family day care providers to offer an additional meal to children in care over 8 hours, most likely dinner, or if appropriate, a second snack. Prior to 1981, when the provision was cut because of fiscal reasons, such children could actually receive up to five meal services each day: three meals and two snacks. The idea was "little meals for little people."

The fourth meal service option is available to child care centers. As many children are in family day care homes for 10-12 hours each day, it seems unreasonable to deny a child in a family day care an additional meal or snack that the child in center-based care is served. This provision is particularly important for low-income children whose parents may have limited resources with which to supplement the food provided by the family day care home. On a daily basis there are approximately 800,000 children participating in the family day care portion of CACFP.

D. Coordination of Services to Low-income Families with Preschool Children

Proposal 1: *Reduce the paperwork for Head Start centers participating in CACFP by making the children participating in Head Start automatically income eligible for CACFP.*

Over 90 percent of Head Start centers participate in CACFP. Head Start children comprise approximately 30 percent of the caseload for the center-based portion of CACFP. This percentage is expected to rise considerably as Congress funds the Head Start expansion as passed earlier this year. We support the provision contained in the Head Start Amendments which makes children participating in Head Start automatically eligible for CACFP.

Proposal 2: *Allow administrative funds to be used to provide training to family day care providers in the areas of child development and health.*

CACFP sponsors of family day care homes use part of their administrative funds to provide the CACFP nutrition training required by the USDA regulations. However, most of the training focus is solely on CACFP nutrition standards and directly related nutrition topics.

Allowing sponsors to also provide child development and health training with the administrative funds will increase the quality of care children receive with no additional budget outlay. As these topics are interrelated to nutrition, including this language will assure that sponsors can provide training to homes in these subject areas with the funds they currently receive.

Proposal 3: *Designate a portion of future appropriations for the Nutrition Education and Training program to provide assistance to CACFP.*

The provision of NET services to provide training and technical assistance to CACFP family day care home sponsors and day care center staff in meeting the dietary guidelines would be very helpful. In particular, a simple publication for family day care providers on menu planning and food preparation to meet the dietary guidelines is needed. These providers have special needs, because they cater most often to the younger preschoolers and they are preparing food at home. Advice on institutional menu planning that helps school lunch programs does not meet the needs of family day care home providers.

Proposal 4: *Require USDA to work toward enhancing the provision of Medicaid funded services to low-income children in day care centers participating in CACFP.*

Medicaid can pay for a wide variety of preventative services for preschool children. In recent years there has been a considerable expansion of Medicaid coverage to include more preschool children. CACFP day care centers can provide an effective avenue for informing low-income families of their children's eligibility for Medicaid benefits. This can easily be achieved by requiring the State agencies to include notification of potential eligibility in the standard prototype 1, 'Parent Letter' the State prepares for the day care centers to send out with the CACFP income application each year. Each State agency should write the notification using their specific State Medicaid income guidelines and a short description of the potential benefits available. USDA should prepare the necessary materials to inform the State agencies about the importance of Medicaid to low-income children, including a basic explanation of the Program benefits.

For some CACFP day care centers, in particular Head Start centers and larger day care centers located in low-income areas, serious consideration should be given to providing Medicaid funded services on site. USDA should investigate the possibilities for facilitating the provision of this type of comprehensive services to young children from low-income families enrolled in CACFP day care centers.

Proposal 5: *Reduce the paperwork for after school hours centers participating in CACFP by allowing direct certification of income eligibility by using school meal program application income data.*

By reducing the paperwork involved in participating in CACFP, more after school hours centers may be able to become part of the Program. Ideally, CACFP should be one of the building blocks of much needed after school education programs for low-income students.

Proposal 6: *Require USDA to work towards coordinating WIC outreach with the Child and Adult Care Food Program.*

Many of those eligible for but currently unable to participate in WIC are older preschool children. If the administration's plan to fully fund the WIC program becomes a reality, then outreach to low-income families with preschool children will become increasingly important. CACFP day care centers can provide an excellent source of referrals for older, potentially WIC-eligible children.

E. Administrative Improvements

Our recommendations encompass a wide range of important administrative changes which will facilitate a more efficient program. I am submitting these recommendations as part of my full written testimony.

Proposal 1: *Allow Sponsors an overclaim error rate based on a percentage of the administrative moneys received.*

This would change the current overclaim rule which only allows a maximum of \$100.00 in overclaims to a "substantial compliance rule" which would allow 3 percent or less than the total amount claimed for the audit period. Considering the large amount of money that is often involved in an audit period \$100.00 is an extremely small percentage of the overall claims and therefore does not represent a realistic error rate. The Federal regulations addressing this issue and the proposed change are listed in Attachment #6.

Proposal 2: *Increase the time limit for CACFP sponsors to submit a revised claim from 60 days to 90 days.*

This change is needed in part because of the financial difficulties being experienced by many State governments. Budget cut backs and employee furloughs at the State level have caused longer turn around times for the CACFP checks in some States. As sponsors must receive the checks and then send them to the centers and homes this time limit on finding errors is very short. The Federal regulation addressing this issue and the proposed change are listed in Attachment #6.

Proposal 3: *Increase administrative moneys for sponsors serving rural and low-income inter-city area providers.*

CACFP sponsors have considerable monitoring obligations: a minimum of three home visits per year, with additional visits if any problems arise. Monitoring visits are vital to the strength of the Program but they are costly for sponsors of rural providers. In addition, the safety conditions in many low-income inner-city areas make monitoring a two-person job.

Proposal 4: *Require USDA to standardize, to the extent possible, the implementation of CACFP regulations across all States.*

Where possible, CACFP policy should be uniform throughout the country. For example, the implementation of the USDA funds for the expansion of CACFP to low-income and rural providers is currently mired down in a multitude of different and often contradictory regulations in some States.

Proposal 5: *Allow sponsors to carry over a percentage of administrative moneys into the next fiscal year.*

This recommendation would facilitate the smooth operation of the Program from year to year. Not all costs are incurred on a monthly basis. This change would allow sponsors to better meet the needs of unexpected costs related to program operation.

Conclusion

I again want to thank this subcommittee for the privilege of appearing before you today. I extend to each of you, on behalf of the Child and Adult Care Food Program Sponsor's Forum, an invitation to visit with sponsoring agencies, centers and homes within your States. Seeing these programs firsthand and talking with those participating in them provides insight I cannot bring to you today.

Thank you again for your continued interest in these programs which are so vital to the well-beings of our Nation's youngest children. I would be pleased to answer any questions you might have.

Information provided by Nancy Robeson, Manager of the CACFP for the Kentucky Department of Education, Division of School and Community Nutrition, and Grady Maxwell, Manager, Special Nutrition Programs, Arkansas Dept. of Human Services, Little Rock, Arkansas.

Adult Day Care Feeding Program in Kentucky:

- There are 34 active sponsors
- Average daily participation: ranges from 5 to over 100

Kentucky Comments: In Kentucky, many sites have so few participants per site that the reimbursement received by the site does not seem reasonable as compared to the paperwork requirements.

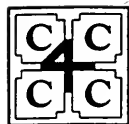
Outreach by the Kentucky CACFP agency is accomplished by:

1. Discussions with the state licensure department as to the availability of the program to adult day care sites.
2. CACFP state agency staff attend licensure training meetings throughout the state to discuss the availability of the CACFP for adult day care programs as well as child day care centers and family day care homes.
3. Information on these programs are given to the licensure staff and are included with the licensure application packets.

Adult Day Care Feeding Program in Arkansas:

- There are 26 active sponsors
- Average daily participation: ranges from 7 to 12

Arkansas Comments: It is sometimes hard to get the income information on participants that come to the day care programs from other programs rather than for their own homes.



Attachment #2

Community Coordinated Child Care

1215 South Third Street • Louisville, Kentucky 40203 • (502) 636-1358 • FAX 636-1488 • TDD 636-1704

FAMILY CHILD CARE HOMES:

Family child care is nationally defined as the care of a small group of children, usually six or fewer, in the home of the caregiver. Most states provide some type of regulatory approval system for these small homes. CACFP statutes requires that any home participating in this program must either meet the state's approval standards or alternate approval standards as defined by the state agency administering the CACFP.

In addition, states also provide regulatory standards for what is called "large family child care homes", or "group homes." These homes usually provide child care for 7-12 children. They too, may participate in the CACFP as a family child care home.

Family child care homes can only participate in the CACFP through a non-profit sponsoring agency. The sponsoring agency agrees to be fiscally responsible for administering the CACFP to the homes. This includes monitoring visits at least 3 times a year and training providers in CACFP requirements and other related nutrition subjects. Each month, sponsors check all menus, validate the enrollments of each child claimed, determine the claim reimbursement and the correctness of it, submit the claim to the state agency, distribute funds to homes, and maintain fiscal records of all documentation required by CACFP. The CACFP pays the sponsoring agency a flat administrative fee each month for each home that submits a claim.

Homes are paid a flat amount per eligible meal served to each enrolled child. Homes may only be reimbursed for up to three meal services each day.

CHILD CARE CENTERS/HEAD START PROGRAMS

This part of the Child and Adult Care Food Program is divided into two sections: the NON-PROFIT sector and the FOR-PROFIT sector. Both types are reimbursed for meals served to eligible children, based on free/reduced priced guidelines. Both types may also be reimbursed for up to four meal services each day.

The NON-PROFIT sector includes all child care centers that have IRS 502(c)3 status and Head Start programs. These programs are automatically eligible to participate in the CACFP.

They may participate in the CACFP one of two ways: either through "self-sponsorship"; that is, the program has a direct contract with the CACFP state agency to self-administer the program within their facility.



The other option is that the program may participate through a contract with a non-profit sponsoring agency. The agency becomes fiscally responsible for the administration of the CACFP within that child care program.

If the program elects to participate through a sponsoring agency, then the child care program must pay any administration fees charged by the sponsor.

The FOR-PROFIT sector i.e., child care centers not recognized by the IRS as having 501(c)3 status - must meet an additional eligibility standard each month before they are allowed to participate in the CACFP.

Except in Kentucky and Iowa, all for-profit programs must have each month at least 25% of their enrolled children funded by Title XX funds, or at least 25% of the licensed capacity of this program.

In Kentucky and Iowa, the 1989 Child Nutrition Reauthorization Act allowed two states to have for-profit demonstration projects. In these two states, for-profit centers may participate in the CACFP if 25% of the enrolled children each month are eligible for free or reduced priced meals. The 25% test is tied to the actual number of low-income children being served; not to the funding stream of subsidy for the children.

FOR-PROFIT centers, after eligibility is established, may also use either "self-sponsorship" or a contract with a non-profit sponsoring agency to participate in the CACFP.

Attachment #3

The Louisville Family Day Care Project

Community Coordinated Child Care (4-C) in Louisville was fortunate in 1990-1991 to receive public funds locally from the City of Louisville and the Jefferson County Government, and privately from Target Stores and the Dayton-Hudson Foundation, the National League of Jewish Women, the Junior League of Louisville and the Fund for Women to implement a major area-wide recruitment project targeted at increasing the supply of family day care homes.

One of our first efforts was concentrated in the Lang Homes Public Housing Project located in the West End of Louisville. We worked with the director of the Louisville Housing Authority and their board to develop policies by which the Housing Authority would grant permission for residents to operate family day care homes within their residential units. We also worked with the local HUD office to assure that the provider's income would be fairly treated in relation to her continued eligibility for public housing.

We assisted Nancy T. through the time-consuming process of meeting state standards and were able to access a small grant so she could buy the needed equipment and fence necessary to begin operation. We additionally worked with the state regulatory agency as they had never had an application from, nor approved, a residential unit within a Housing Project. This entire process took almost a year. It was not until the home met the state regulatory standards that the home and the children in it were even eligible for the CACFP benefits.

We are proud to say, however, that Nancy T., with assistance from her sister, is serving children six days a week, on two shifts. Her only source of income is from her family day care operation, and she is very proud of the progress she has made. In addition, the parents she serves are delighted with the care she is providing, and that she is able to meet their job-related work schedules.

Nancy T. has become a leader in her area, working with other providers to develop a neighborhood support group. In addition, she continues to participate in available training opportunities, having obtained many more training hours than most child care staff.

This is but one of many examples of how a CACFP sponsoring organization collaborates with other organizations to develop family child care and to assure that the children in care have access to the nutrition benefits of the CACFP. A summary from the just released report In the Neighborhood: Programs that Strengthen Family Day Care for Low-Income Families which discusses the success of this project is attached.

Executive Summary

Kentucky CACFP For-Profit Demonstration Project

The Child Nutrition Reauthorization Act of 1989 required the Secretary of Agriculture to conduct two statewide demonstration projects in which for-profit organizations providing nonresidential day care services could participate in the Child and Adult Day Care Food Programs provided they met specific criteria. This project was to use 25% low income eligibility in lieu of 25% Title XX eligibility.

Kentucky was selected to conduct this project because of the lack of Title XX Funds to subsidize day care. Each year centers lost eligibility for the CACFP when Kentucky's SSBG Grant Funds were insufficient to cover day care needs. This on/off again approval was especially frustrating in that the membership in the centers never changed -- the payment for day care was merely switched to another funding source. The centers continued to provide care for the same children.

Demo Centers were required to document:

- 25% low income each month based upon free/reduced income applications;
- improvement in quality of meals served OR reduced fees.

In addition to the regular application approval documents, applicant centers were required to submit:

- copies of previous 2 month's menus (this data used as baseline data in determining improvement in meal service);
- copies of the Center's Fee Scale;
- letter of commitment agreeing to improve the meal service OR reduce fees.

Executive Summary provided by:

Nancy Robeson, Manager
Child & Adult Care Food Program
Division of School & Community Nutrition
KY Department of Education
500 Mero Street
Frankfort, KY 40601
1-502-573-4390

FY 91 & FY 92

The evaluation of the project was conducted by MACRO (the USDA Contractor). A 30 page questionnaire was mailed to participating centers and to centers that chose not to participate. The questionnaire collected detailed data on children served by the program, source of funds, type of center, age range of children, licensing regulations, real and perceived benefits of participating in the program, etc. In addition, copies of the center's menus prior to participation and copies of menus served during participation were mailed to MACRO for comparison and evaluation.

The State Agency was also charged with the responsibility of providing quarterly reports to FNS on the number of centers participating, ADA, membership, percentages of low income children and total reimbursement for each month.

FY 93

USDA and the State Agency developed forms to obtain extensive data to allow for more detailed analysis of each individual center. This provided center based and project summary data on a number of variables such as number of subsidized children, eligibility to participate as a Title XX Center, number of children subsidized by Title XX funds, food cost and direct labor costs.

Centers were also required to provide monthly copies of menus for review by the State Agency. This allowed the staff an opportunity to provide Technical Assistance in the form of a monthly analysis of menus and written feedback to the centers. The evaluation of menus by the SA and the submission of detailed monthly data eliminated the need for an outside contractor.

The review of monthly menus of all participating centers continued throughout FY 93.

FY 94

The state agency continues to collect monthly subsidy data from each center and reviews menus for newly participating centers for the first 3 months of participation. It was determined that continued review of monthly menus for all centers provided negligible results particularly in view of the time requirements involved in performing these reviews. Menus of participating centers continue to be reviewed as part of the regular administrative review process.

What was the impact of the demonstration on the quality and types of meals served in participating centers?

Reviewing menus each month and providing written feedback to the centers has had a significant impact on the quality of the meal service. Centers participating in the demonstration project have improved meals. They have added meal services, serve better meals, offer more variety, purchase more milk, juices, fruits and vegetables. Are more aware of the dietary requirements.

What was the federal cost of the project?

Reimbursement for FY 91 - \$1,081,768
FY 92 - 2,441,840
FY 93 - 3,852,692

Conclusion: The change to 25% low income in lieu of 25% Title XX has allowed more centers to participate in the CACFP, has been responsible for better meals being served to the children in the day care centers, and has helped centers maintain lower child care fees. These centers are no different than the private nonprofit centers in the clients they serve, the fee scales for care, and the need for assistance in providing quality meal services.

KENTUCKY CACFP DEMONSTRATION PROJECT
Participation Data

FY 91

Month of Operation	No. of Center Participating	ADA	Percent Low Income	Reimbursement
10/90	45	1,937	48	\$59,506
11/90	51	2,053	50	59,101
12/90	55	2,022	51	63,770
01/91	51	2,514	49	74,546
02/91	84	2,885	50	75,831
03/91	68	2,965	52	88,941
04/91	71	3,107	52	97,738
05/91	74	3,269	50	106,289
06/91	84	3,343	51	106,071
07/91	89	3,385	51	118,708
08/91	92	3,598	50	123,044
09/91	98	4,156	50	118,223
Total Reimbursement				\$1,081,768

FY 92

10/91	106	4,532	51	\$ 148,856
11/91	113	4,688	51	138,477
12/91	117	4,285	52	133,745
01/92	117	4,970	53	157,605
02/92	125	5,748	54	162,731
03/92	131	6,025	54	195,737
04/92	138	6,221	55	207,781
05/92	144	6,498	58	200,822
06/92	156	6,535	57	249,327
07/92	167	6,835	59	283,275
08/92	174	7,482	58	278,272
09/92	171	8,294	60	287,212
Total Reimbursement				\$2,441,840

FY 93

10/92	187	8,970	57	\$ 311,386
11/92	199	9,294	58	287,698
12/92	204	8,616	58	298,438
01/93	206	9,337	59	293,110
02/93	208	6,445	58	275,565
03/93	210	6,542	58	344,771
04/93	216	6,833	58	342,077
05/93	223	6,943	57	318,699
06/93	223	6,732	57	355,871
07/93	225	6,474	58	339,388
08/93	229	6,790	56	359,959
09/93	225	6,455	57	325,732
Total Reimbursement				\$3,852,692

VERMONT DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS

TO: Linda Locke
President, National CACFP Sponsors Forum

FROM: Josephine Busha
State Director, Child Nutrition Programs

DATE: June 7, 1994

RE: CACFP Demonstration Project

I want to express my support for the expansion of the CACFP demonstration project. From my conversations with center directors, I believe that eliminating the Title XX requirement for participation will not significantly change the number of centers that participate, but will eliminate some of the confusion directors often experience with what they see as a double eligibility criteria. It will also reduce the administrative paperwork that must be completed in order for these centers to participate.

In Vermont we have 18 for-profit centers participating in CACFP. This represents 28% of all the participating centers. In March 1994, these centers had a combined enrollment of 869 children of which 461 (53%) qualify for free or reduced price meal benefits. In comparison, only 365 (42%) of the enrollees were Title XX beneficiaries. Most of these centers are small and several of them are run by directors who recently upgraded their facilities from a registered day care home to a licensed center in order to provide more comprehensive services to children and their families.

At the same time that the regulations are changed to expand the demonstration, I hope that there will also be the opportunity to extend to the pilot study sites the change made in P.L. 102-342 which provides that the 25% eligibility requirement pertains to enrollment or licensed capacity, whichever is less.

(For verification, Ms. Busha's phone number within the Vermont Dept. of Education is 802-828-2447.)

The specific regulations and suggested language changes are listed below.

IV. ADMINISTRATIVE IMPROVEMENTS

- Proposal 1:** Regulation section 226.8(e) - line 4:
"which does not exceed ~~\$100~~ \$600. In"
- Regulation section 226.8(e) - line 13:
"disregard in excess of 3%, however, where"
- Proposal 2:** Regulation section 226.10(e) - line 30:
"agencies ~~may~~ shall (or must) make upward"

Dan Cooper

Mr. Chairman, Committee Members, it is indeed a pleasure and privilege to be here and provide testimony in support of the WIC Farmers' Market Nutrition Program. I act in a dual capacity this morning. I administer the Farmers' Market Nutrition Program in Iowa under Iowa's Secretary of Agriculture, Dale M. Cochran and also act as president of the National Association of Farmers' Market Nutrition Programs.

I want to personally thank this committee for the lead role it has taken to promote the development and expansion of this most worthwhile program.

The WIC/Farmers' Market Nutrition Act of 1992 (Public Law 102-314) was signed into law on July 2, 1992. With the passage of this bill, the 10 State demonstration became the newest food assistance program operated by USDA. However, it is more than a food assistance program, it is also one of the most successful market development programs undertaken in this country. It benefits two distinct constituency groups. At-risk clients who participate in the WIC Program and small horticultural producers who rely on the direct marketing of produce through the Farmers' Market channels in all participating States.

In 1993, 1 new State program was added bringing the total to 11. Those include Connecticut, Massachusetts, Vermont, New York, Pennsylvania, Texas, Iowa, North Carolina, Michigan, Washington, and Maryland. The Food and Nutrition Service approved an additional 15 programs this spring bringing in 13 States, the District of Columbia, and the Indian Nation of Oklahoma.

The additional States which will operate approved programs in 1994 are California, Indiana, Kentucky, Maine, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, Ohio, Rhode Island, South Carolina and West Virginia.

Every State has a different success story, but the beauty of this program is that every State has success stories. In my own State of Iowa, we surveyed the WIC clients participating in the Farmers' Market Nutrition Program and found that 95 percent of the WIC clients had not shopped at a farmers market prior to participation in this program and only 25 percent of the clients even knew what a Farmers' Market was. However, over 75 percent indicated that they either attended a market after their food benefits were exhausted or supplemented their purchases with cash.

In a recent study by the National Cancer Institute reported that "people who eat four or more servings of produce daily are diagnosed with half the number of cancers than those who consume one or less serving a day." The University of Connecticut found in a recent study that participants of the WIC Farmers' Market Nutrition Program increased their consumption of fruits and vegetables by up to 50 percent.

In 1993, over 500,000 WIC clients received vouchers for fresh produce under this program with over 4,000 farmers selling produce to the clients in approximately 650 markets.

This current market season found a total request for funds exceeding the authorization level by approximately 4.5 million dollars. It is our hope that the reauthorization of this program will allow \$10,500,000.00 to be allocated for the 1995 market season and that the appropriations committees will provide that amount for the Program. With the number of new programs established, the pressure for expansion dollars will grow rapidly.

One of the added benefits of this program has been the expanded appreciation for the at-risk client by the farm community and likewise a appreciation for those who produce fresh produce on their own farms by a new farmers' market shopping clientele.

The National Association has been in constant contact with Senator Leahy and his staff on details of the reauthorization and has written numerous letters to support increased funding. However, I want to leave you with one thought from Charles Wille, president of the New York Farm Bureau, "Rarely has a government program done so much good for so many people at such a modest price."

Alice J. Lenihan

I am Alice Lenihan, president of the National Association of WIC Directors (NAWD). I am also the State WIC Director for North Carolina. I am pleased to have yet another opportunity to discuss legislation that would extend the Special Supplemental Food Program for Women, Infants and Children, known as WIC, under the administrative jurisdiction of the Food and Nutrition Service (FANS) of the United States Department of Agriculture (USDA), through 1998, under the Child Nutrition Act of 1966.

I commend you, Mr. Chairman, and the committee for your enthusiastic and continuing support for the WIC Program and your intense interest in the health and welfare of our Nation's women, infants and children.

With your permission, Mr. Chairman, I would like to submit for the record, in addition to this testimony, a copy of our 1994 Legislative Agenda, and copies of four related NAWD policy papers—"Breast Feeding Promotion Guidelines," "Nutrition Risk Criteria: A State Health Agency Responsibility," "The Role of Infant Formula in the WIC Program," and "Vendor Management in the WIC Program."

NAWD EXPERIENCE AND ORGANIZATIONAL GOALS

Founded in 1983, and headquartered in Washington, DC., the National Association of WIC Directors, NAWD, is a nonprofit voluntary organization of State and local WIC Program directors and nutrition coordinators. NAWD has a unique perspective on the operation of the WIC Program. Our members are dedicated to maximizing WIC Program resources through effective management practices. NAWD is committed to making the WIC Program more responsive to the nutrition and health needs of women, infants (defined by WIC as 12 months of age and under) and children (defined by WIC as ages 1 to 5 years).

Among NAWD's goals are: effective national resource networking to facilitate the communication of ideas, materials and procedures to individuals working in the WIC community; the promotion of good management practices; peer assistance to WIC Program directors at the State and local level; the promotion of improved health, well-being and nutrition status for women, infants and children; and to act as a resource to government on issues relevant to the WIC Program and to the health and nutrition of women, infants and children.

NAWD'S MISSION

The mission of the National Association of WIC Directors, NAWD, is to provide leadership to

- promote quality nutrition services,
- serve all eligible women, infants and children and
- assure sound and responsive management

of the Special Supplemental Food Program for Women, Infants and Children.

WIC PROGRAM BACKGROUND

In fiscal year 1993, the WIC Program served approximately 5.9 million participants per month. Currently, the Program is estimated to serve approximately 6.5 million participants per month in the 50 geographic States, the District of Columbia, Virgin Islands, Puerto Rico, Guam and in 32 Native American States. It reaches out to nearly 40 percent of the Nation's infants.

Eligibility for WIC benefits requires that WIC health professionals document potential participants' health or nutrition risk. Potential participants must demonstrate that their family income does not exceed 185 percent of the Federal poverty income guideline. Preference for service is generally given to pregnant women and infants with at risk nutrition or health conditions. A lower priority is assigned to children and postpartum mothers at risk of nutrition or health consequences.

Among nutritional risk problems which can qualify participants for eligibility are: abnormal weight gain during pregnancy; a history of high-risk pregnancies; growth problems in children and infants such as stunting, underweight, or obesity; anemia; or an inadequate dietary pattern.

Services are delivered through a variety of local social service agencies or health clinics which have access to health care providers. Today, there are over 8,200 clinics providing WIC services nationwide.

WIC's Benefits WIC provides eligible participants with supplemental foods, nutrition education, breast feeding promotion information and improved access to the health care delivery systems.

Because the Program is a nutritionally based education program, local agencies offer WIC participants at least two nutrition education sessions, conducted on either an individual or group basis, within each 6 month certification period. Through these sessions, participants learn about their specific nutritional needs as well as the nutritional needs of their infants and children. Participants are taught how to shop for nutritious foods and how to prepare economical, well-balanced meals. They are also counseled on the importance of regular medical care, the advantages of breast feeding infants and the dangers of drug and alcohol use during pregnancy.

The WIC Program also provides supplemental foods through monthly food packages which are tailored to meet the special dietary needs of the infants, children, pregnant, postpartum and breast feeding women in the Program. Foods in the packages are selected to provide protein, iron, calcium, and vitamins A and C. These nutrients have been selected as they have been found to be missing from the diets of many low-income women, infants and children. Among the authorized foods provided in the supplemental food packages are: iron-fortified infant formula, infant cereal, milk, eggs, cheese, iron-fortified breakfast cereal, vitamin C—rich juice, beans, and peanut butter.

WIC'S SUCCESS RECORD

Evidence of the WIC Program's successes in improving pregnancy outcomes has contributed significantly to its popularity. WIC has generated enthusiastic supporters in the Nation's corporate board rooms and vigorous bipartisan support in both houses of the Congress. WIC is a prevention program that works.

Numerous private and public sponsored studies of the WIC Program have demonstrated that WIC is a highly successful program that has achieved significant positive health consequences in a cost-effective manner.

According to a USDA study conducted in five States—Florida, Minnesota, North Carolina, South Carolina and Texas—and released late in 1990, each dollar spent on pregnant women in the WIC Program saves from \$1.77 to \$3.13 in Medicaid costs for mothers and infants in the first 60 days after birth. A later study calculating the Medicaid savings used the full cost of an illness that started within 60 days after birth, regardless of length, revealed an even greater savings of between \$1.92 and \$4.21 for each prenatal dollar spent by WIC.

Still other studies have indicated that pregnant women on Medicaid who receive assistance through WIC are less likely to deliver premature or low birth weight babies. They are more likely to have healthier babies. These benefits result in enormous Medicaid savings and reduced Federal and State health care spending.

In a May 1992 release of a General Accounting Office (GAO) report, GAO estimated that in 1990, the Federal Government spent \$296 million on prenatal WIC benefits resulting in a savings of \$853 million in health-related expenditures for WIC infants during their first year of life. On this initial investment, GAO estimated, the total savings in health and education related expenditures over a child's 18 years of life amounted to over \$1 billion.

Another study published in the *Journal of The American Medical Association* (September, 1987) demonstrated the efficacy of WIC in significantly reducing the prevalence of anemia and in reducing rates of height and weight abnormalities among children. While a study published in *The New England Journal of Medicine* (November, 1985) indicated a marked reduction in the levels of iron deficiency among children who had participated in the WIC Program.

Clearly, these studies and others suggest that failure to enroll all eligible participants in the WIC Program actually costs the Federal Government far more money than is saved. The WIC Program is essential to ensuring that all our Nation's children are physically, emotionally and developmentally ready for the challenges they will face as this Nation moves to place itself in a more competitive position in the 21st century. The WIC Program is essential to meeting this goal. However, WIC is not currently available to the majority of the Nation's eligible 1- to 5-year-old children.

Current funding levels allow roughly 60 percent of the Nation's 9.6 million eligible women and children to participate in the WIC Program. States have made every effort to maximize the use of WIC funds to increase participation levels. Further adjustments in food benefits could jeopardize the quality of services. Clearly, the need for full funding of the WIC Program can be demonstrated.

FUNDING ISSUES

In spite of a nearly threefold increase in funding for the Program over the past 10 years, and an almost 150 percent increase in the number of participants served, WIC still falls far short of reaching all 4 of those mothers, infants and children who are at nutritional or health risk and eligible for the Program.

ADMINISTRATION REQUEST

President Clinton, in his budget, and through incentives in his Health Care Security Act, has proposed funding increases for WIC which reflect a fundamental commitment to the welfare of women, infants and children whose economic conditions may not provide the kind of nutrition needed for good health and normal growth.

I commend the President for his commitment to fully fund the WIC Program by the close of fiscal year 1996 and the incentives he has built into the Health Care Security Act to ensure resource commitments beyond 1996. I urge every Member of Congress to support the President's efforts and help to place all of America's children on an even footing to face the future.

NAWD FULL FUNDING PROPOSAL

The National Association of WIC Direct recommended in 1991, that the Executive and the Congress adopt a 5 year plan to move the WIC Program incrementally toward funding "full participation" by fiscal year 1996. I am delighted that this administration supports our view and has chosen to move forward aggressively with this message in its economic plan.

As the Congress considers full funding for the WIC Program I urge you to: maintain the Program's focus on nutrition; maintain the Program's reputation for providing quality services by allowing States to incrementally add caseload thereby preventing undue burdens on WIC clinics, undue hardship for participants, avoiding service delays and potentially long waiting periods; maintain the Program's targeting and tailoring capabilities; and exempt WIC from all budget balancing legislation or agreements.

NUTRITION RISK CRITERIA: A STATE HEALTH AGENCY RESPONSIBILITY

Since the implementation of the WIC Program, Federal policy has required State agencies to develop nutritional risk criteria for use in their local program. Public Law 95-627 defines nutritional risk as "(A) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements, (B) other documented nutritionally related medical conditions, (C) dietary deficiencies that impair or endanger health, or (D) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions, including, but not limited to, alcoholism and drug addiction." The Public Law requires State agencies to describe methods to determine nutritional risk in the annual State plan.

Through legislation, the WIC Program was established as an adjunct to health care. In the United States, health care has a tradition of diversity; response to regional, State and local demands; and respect for professional judgment.

Each State health agency is charged with the responsibility to develop nutritional risk eligibility criteria for the State's WIC Program. To assure that the WIC Program functions as an adjunct to health care, these criteria must be consistent with the standards of medical (obstetric, pediatric) and nutritional practice utilized by professionals who provide health services to women during the childbearing years, infants and children in the State. Each State's nutritional risk eligibility criteria must be coordinated and integrated into State and local public and private health policy.

NAWD provides guidelines for use in the development and evaluation of these criteria. These guidelines recommend that each State health agency develop its WIC nutritional eligibility criteria in collaboration with professional experts responsible for medical and nutritional services used by the target populations. They recommend that each criterion be: 1) referenced by the current consensus of scientific literature; 2) endorsed by professional medical and nutrition experts in the State; and 3) within the range of standards used in the Nation and region or justified by unique population characteristics. Provision of a quality assurance system including standards for training is required to assure consistent application of nutritional risk eligibility by participating local agencies.

NAWD's policy and the related guidelines were designed to assure excellence in client nutritional eligibility determination while recognizing the diversity in the health care systems among the States and the need for better coordination and integration of WIC with maternal and child health services.

OTHER LEGISLATIVE PROPOSALS

In addition to NAWD's Full Funding Proposal and the Association's support for the administration's Plan to Fully Fund the WIC Program, NAWD proposes that States be permitted to *carry forward* or *spend back* 3 percent of the total Federal grant payment versus the current allowable limit of 1 percent. The current carry-forward/spend-back provision does not include rebates.

This proposed change to 3 percent would serve as an excellent management tool, enhancing States' abilities to more effectively manage and stabilize caseload at maximum levels. This, in turn, would reduce the possibility of drastic caseload increases

or reductions. When drastic changes occur, participants may have to be removed from the Program in the summer only to be put back on the Program in October when more funds are available. This is a disservice to the women, infants and children we serve.

Often, young children are removed from the Program mid-way through their certification to satisfy budgetary constraints. A more flexible carry-forward/spend-back provision would not force WIC managers to use children as pawns to balance program budgets. Because inflation is erratic, the current 1 percent carry-forward/spend-back provision does not provide sufficient management flexibility to effectively and efficiently manage the Program.

The carry-forward/spend back provision applies to Federal funds only. Because States may receive as much as one-third of WIC funds from infant formula rebates, the effective result is a carryforward of less than 1 percent of the total WIC funding in any given year. This leaves WIC managers with an ineffective tool with which to manage the Program. Most Federal programs have a multiyear grant expenditure. This proposal would place the WIC Program more in line with other grant programs managed by State agencies.

NAWD also proposes to allow States the option to carry forward/spend back 5 percent of the total Federal food grant during the first year if there is a significant reduction in the amount of rebate revenues. Current language allows only for a carryforward when there is an increase in rebate revenues. The current United States Department of Agriculture working definition of significant increase is 15 percent or more in rebate revenues. This definition should also apply to a decrease in rebate revenues.

NAWD also proposes that Congress provide for the prospective conversion of food dollars to nutrition services dollars. This would allow funds to be expended throughout the fiscal year for the purpose of building capacity permitting State and local WIC programs to effectively and efficiently add participants to their programs while meeting their targeted goals. Currently, States must wait until the end of the fiscal year before these funds can be utilized.

NAWD proposes that at least \$2 million of those funds which are available to the Secretary for the purpose of program evaluation (currently 1/2 of 1 percent, not to exceed \$5 million) be made available to States in the form of special projects grants. These grants would be available on a competitive basis to all States for special projects of up to 2 years in duration. Qualifying projects would have regional or national significance and be directed toward improving the services of the WIC Program. Under this proposal, States should have a minimum of 2 years to expend grant resources and complete approved projects.

NAWD urges Congress to allow WIC the use of the same definition of family size currently in use by Medicaid—a pregnant woman is counted as two family members.

Automatic WIC eligibility is available to participants who are Medicaid eligible. Many States no longer have Medicaid. Instead, they are developing Federal/State supported health care plans for residents. The income levels established in these plans often differ from the income levels established for Medicaid eligibility. This creates a double standard for income determination. It results in the exclusion of perhaps as many as 100,000 women nationally from the WIC Program.

Pregnancy for low-income women, should be considered a nutrition risk factor in and of itself. The State of pregnancy requires additional amounts of nutrients to promote an optimal outcome. Of particular concern to the WIC Program is a pregnant woman who presents herself early in the first trimester, is older than 19, and does not have an identifying "nutrition risk factor" after completion of the nutrition assessment. This individual has no prior pregnancy history, and has sought WIC early in the pregnancy before weight gain has become critical. The denial of WIC benefits at this time forces the woman to wait until a nutritional risk factor manifests itself before she will be at nutritional risk and thus eligible for WIC. If WIC is to truly make an impact on early prenatal enrollment and pregnancy outcome, pregnancy in a low-income woman in and of itself should be considered a nutrition risk factor.

The concept that this change should be called presumptive eligibility should be abandoned. Presumptive eligibility means that one is not fully eligible until all criteria for eligibility have been documented. Such a policy would necessitate the termination of WIC benefits for the pregnant woman if a nutrition risk was not identified at a future (approximately 60 days) nutrition assessment. The enrollment of the pregnant woman in WIC, the provision of nutrition education, supplemental foods, and referrals to health care, could be the reason there was no nutritional risk in 60 days. Do we really want to remove a pregnant woman from the Program when she is following the medical and nutritional education received from WIC and con-

suming the supplemental foods, only to wait a month or so before she returns with a nutritional risk factor, such as iron deficiency anemia or inadequate weight gain?

Pregnancy is time limited. At best, we have the opportunity to provide nutrition education and supplemental foods for 9 months. The policy on nutrition risk for pregnant women must be prevention oriented and maximize the Program's opportunity to impact on pregnancy outcome. We must not allow a pregnant woman to go unreserved!

NAWD also urges Congress to allow States to certify breast feeding women up to 1 year after delivery. The Child Nutrition Act, section 17, (d),(1), defines breast feeding women as women up to 1 year postpartum who are breast feeding. Part 246.7 (f),(iii) states that a breast feeding woman shall be certified at intervals of approximately 6 months and ending with the breast fed infants first birthday.

NAWD's proposal would allow programs to certify breast feeding women up to 1 year and would eliminate the need for a 6-month recertification. This would encourage women who go back to work to continue breast feeding. The mother and infant would be treated as a dyad. The breast feeding mother would retain her high priority status.

The time previously used at 6 months for recertification could then be used more effectively for nutrition education and to develop a good care plan for the mother and infant. This would ensure the same quality attention and treatment for both.

Many women stop breast feeding when they return to school or work. If they were still enrolled in the Program, opportunities for intervention would exist. WIC staff could assist these women to develop effective strategies for dealing with issues in the workplace and school environment which might discourage or seem to prevent them from breast feeding. Often, women who are provided positive experiences and reinforcement while breast feeding a current baby are more apt to breast feed during a subsequent pregnancy.

In keeping with a recommendation from the WIC National Advisory Committee, NAWD urges Congress and the administration to authorize States the option to use food dollars to buy manual or electric (with disposable accessories) breast pumps.

Breast pumps are a clear benefit for participants. They assist breastfeeding mothers to continue providing healthy mother's milk for their infants in spite of timing constraints or logistical considerations caused by employment, school or other considerations. Breast milk is considered the healthiest and best source of nutrition for infants.

This proposal would exclude the purchase of shells, pads, or similar devices. Electric pumps would be loaned to participants.

NAWD proposes that Congress provide that the USDA/FNS initiate and complete in a timely manner a cost impact study to determine the initial and ongoing costs and time that it takes to provide all previously mandated add-on requirements. And further, that a cost analysis for all future add-ons be accomplished prior to implementation.

A feasibility study should be performed to include analysis of staffing, space, etc.. Appropriate funding requirements to perform additional tasks should be designated in a study. Consideration should be given to any add-ons to the WIC Program as to their effectiveness, staff training requirements, and the expertise that would be required of WIC Program staff to perform these add-ons.

While not disputing the merits of individual program add-ons such as: drug education and counseling referral, child abuse, neglect, Medicaid coordination, AFDC, Food Stamps, homeless, immunization monitoring, coordination with EFNEP, the National Voter Registration Act, child support enforcement, and it is becoming evident that these requirements dilute the WIC Program's ability to accomplish its mission—the provision of quality nutrition education and services, breast feeding promotion and education and the provision of dietary food supplements to qualified participants. The integrity of basic WIC services and the nutrition focus of the WIC Program as an adjunct to health must be maintained. Additional Program requirements without additional funding negatively impacts on the quality of basic WIC services.

WIC staff are not usually trained to provide services unrelated to the nutrition focus of the Program. There must be adequate funding to provide for all the additional services required by law, regulation or Federal policy initiatives. The quality of basic WIC services is jeopardized, when there are insufficient funds and staff time to provide services needed by the WIC Program alone.

NAWD proposes that Congress reduce USDA/FNS Regional Discretionary Funds from 10 percent to 5 percent of the total grants available. This proposal would make available more nutrition services and administrative dollars to States through the WIC funding formula. It would help maintain caseload, support program operations, infrastructure needs, and maintain the quality of services.

While USDA Regional offices and States would continue to decide how the remaining discretionary funds would be allocated, Indian Tribal Organizations participating in the WIC Program should receive first priority in the distribution of any funds.

NAWD proposes that Indian and Native American Nations participating in the WIC Farmer's Market Program be exempting from the matching requirement for participation in the Program. None of these programs have the capability of providing matching funds. As a consequence, they are excluded from the opportunity to participate.

Conclusion

In conclusion, Mr. Chairman, the National Association of WIC Directors, NAWD, looks forward to working with you and the Members of the subcommittee and full committee as you consider this legislation to extend the WIC Program. NAWD's executive director, Douglas Greenaway, the members of the Board of Directors and I stand ready to assist you in any way possible during this process. Again, thank you for the opportunity to come before you today. I will gladly respond to any questions you may wish to address to me or provide you with supplemental information as you require.

Minda Lazarov

Thank you Senator Harkin, and Members of the subcommittee. On behalf of Nurture/Center to Prevent Childhood Malnutrition, I thank you for the opportunity to speak to you, and your Colleagues about the WIC Program. I am Minda Lazarov. I am a research associate for Nurture/Center to Prevent Childhood Malnutrition at Vanderbilt University. Prior to joining Nurture and the Vanderbilt faculty, I was a nutritionist for 14 years in the Tennessee WIC Program, where I worked in a variety of capacities—as a local nutritionist, state level administrator, supervisor of the State Pediatric Nutrition Surveillance Program, and for 8 years as the breast feeding coordinator.

As a nutrition consultant for the WIC Program, I just recently conducted a series of focus groups with Tennessee WIC women. It is in this last role that I have become a true-blue, born again, WIC advocate. I have heard testimony, after testimony, during these focus groups of the very valuable lessons these women have learned about feeding their children. We, in WIC, have clearly gotten our messages across that what—and how—a mother feeds herself, and her children is a very important responsibility of parenting.

Today, I will address a relatively small, but essential aspect of the WIC Program—the need to increase the WIC Program allocations for breast feeding education, and support services. First, I want to thank you for the vision you supported 4 years ago—a vision to transform the Infant Feeding Services of WIC from, primarily, a formula distribution and support program to a program well recognized for its breast feeding education and support services. Few of us ever realized the potential a designated portion of the WIC grant would have. WIC agencies nationwide have changed the face of the way WIC operates when providing nutrition support for pregnant, and new mothers.

For the first time in many years, WIC has witnessed an increase in the rate of breast feeding (1)²⁵. In fact, the rate of increase among WIC participants is over two times higher than their non-WIC counterparts. While the rate of breast feeding increased 5 percent among the non-WIC population from 1989 to 1992, an increase of 12 percent occurred among WIC women (52.2 percent to 54.0 percent and 34.8 percent to 38.9 percent, respectively). This is particularly noteworthy when you consider that WIC women commonly have one or more of the demographic characteristics that make them much less likely to breast feed. These characteristics include (2-8):

- two or more older children,
- minimal support in the home,
- young age,
- susceptibility to direct and indirect advertising of infant formula,
- exposure to myths and misconceptions about breast feeding,

²⁵ Note: Parenthetical numbers at the end of lines, throughout the statement text, denote the location of referenced material (See References on page 267).

- less access to friends and health care providers who are knowledgeable and supportive of breast feeding, and
- lack of confidence in their ability to breast feed.

The impact of the eight provisions added in the 1989 WIC reauthorization to strengthen breast feeding support efforts has been demonstrated most dramatically in programs where the rates of breast feeding have been monitored for several years. In Tennessee, we struggled for years with one initiative after another and saw little or no change in our statewide rates of breast feeding. During the last half of the 1980's, we received a grant from the U.S. Department of Health and Human Services to encourage breast feeding among WIC women in five counties. Through this model project, we increased our rates two-, three-, and four-fold and learned what strategies work, but we lacked funding to expand these services throughout the State (9).

Then in 1989, because of . . . our previous experience with the model project, we were able to quickly act when Congress made funds available for breast feeding promotion in WIC. Within 1 year after the new provisions were enacted, breast feeding rates in Tennessee were on the rise and have been increasing annually ever since (Figure 1) (10).

There is much evidence of success at the local level as well. Several agencies across the country have shown significant increases (Figure 2) (11):

- In Augusta, Georgia, breast feeding rates have risen from 9 percent in 1989 to 25 percent in 1993, an almost three-fold increase.
- In Moberly, Missouri, the rates have risen from 32 percent in 1990 to 43 percent in 1993—a 33 percent increase.
- In Newark, New Jersey, the rates have increased threefold (from 4.7 percent in 1991 to 13.5 percent in 1993).
- Cuyahoga County in Ohio experienced a 47 percent increase (17 percent to 25 percent).

From these local agency successes, we have learned that time with patients translates into more women choosing to breast feed, breast feeding longer, and breast feeding exclusively. We now know that WIC women, *regardless of their demographic profile*, want to do the best for their baby and will do so if given adequate support. Even teenagers, women returning to work or school, or those women who appear to have too many burdens, can and will breastfeed.

In addition, we have learned that the WIC breast feeding efforts have important ramifications that extend beyond the breast feeding experience, such as improving parenting skills, building self esteem, and empowering women to take more responsibility for their health and the health of their family. These programs also offer an enormous potential for savings to the Medicaid Program through decreased hospital and clinic visits. A preliminary analysis from Nurture has shown that for ear infections and diarrhea alone, approximately \$34 to \$73 million could have been saved in outpatient visits if the WIC formula-fed infants had breast fed (12). This figure does not include the severe cases requiring hospitalization.

There are few, if any, other areas of public health that offer such immediate returns. In no other area of public health do we have such a comprehensive grasp on how to successfully attack the problem individually, regionally and nationally in such a short period of time.

Our job is not yet done, however. Despite the overhaul that has occurred in WIC, the change has *not* been consistent from State to State, clinic to clinic, or even patient to patient *within* the same clinic. During the 1989 reauthorization, this problem was addressed by including a provision mandating USDA to develop standards to ensure that adequate breast feeding promotion and support are provided (13). USDA responded quickly and proposed minimum standards of care for all State and local agencies, including the development of a plan to ensure that women have access to breast feeding promotion and support activities during pregnancy and after delivery (14).

Due to funding constraints, however, many local agencies have been unable to meet these standards. Consequently, mothers in one WIC clinic may be given adequate education and support, while a mother served in a clinic 30 miles away may be unaware that breast feeding support is and should be available through the WIC Program. Although no nationwide survey of local agencies exists that provides conclusive evidence that this situation occurs in every State, it is well accepted in the WIC and breast feeding community that these discrepancies from site to site not only exist, but are common in most States.

I would like to contrast this situation to the support women get for formula feeding in the WIC Program. Today and everyday, every woman who walks through the door of a WIC clinic is guaranteed she will get what she needs to formula feed her baby the formula and the education to use the formula. As I have just described, WIC women are not guaranteed this same access to breast feeding education and support. Why? The answer is as simple as it is complex. *Because breastmilk does not come in a can.*

If breastmilk came packaged in a can and was stocked right on the shelf next to a can of formula, there would be no debate about which product we should invest most of our resources. There would be little, if any discussion about re-investing the half-billion dollars we now expend on formula in purchasing breastmilk. We would probably not even allow the purchase of infant formula. Based on the same premise that the WIC Program does not permit 'purchase of unfortified cereals that increase the risk of iron deficiency, we would not allow purchase of a product that increases the risk of gastrointestinal infections, ear infections, diarrhea, allergies, life threatening, necrotizing enterocolitis, baby bottle tooth decay, and diabetes. Unfortunately, at least from the administrative perspective of the WIC Program, breastmilk does not come in a can.

Stated in another way, please imagine if you will, that we are reinventing the Program and are able to dump all the infant feeding education and support dollars into a big bag. This includes the dollars spent on:

- formula (\$523 million after rebates) (15),
- staff time educating the patient about using formula,
- staff time spent assisting patients in switching formulas (due to problems with diarrhea and other gastro-enteropathies),
- staff time to administer the formula rebate contracts, and
- administrative dollars designated for breast feeding.

It should be noted that as important as the food is to the mother and her family, lack of food has rarely, if ever, been identified in the numerous studies documenting the barriers to breast feeding among low-income and WIC women (2-8). The cost of the food for the mother, therefore, has not been added to this "bag."

Currently, approximately percent of the money in our bag for infant feeding is invested in breast feeding education and support, while 95 percent is invested in infant formula education and support (16). However, without the formidable division between the food dollars and the administrative dollars, we would probably divide it up differently than we do now. Even if we recognize that every dollar invested in breast feeding promotion and support does not translate into breastmilk, we would still invest more than 8 million—more than 16 million—more than the 24 million dollars WIC Directors report they are spending on breast feeding education and support.

So, as we move into this next reauthorization period, given the numerous advantages of breast feeding over formula feeding, shouldn't we make it as easy for women to adopt breast feeding as we have made it to adopt formula feeding? The "per person" expenditure of minimizing this gap can be provided at a cost equivalent to less than 2 months' worth of formula (15, 17). This cost of providing a very basic level of care to the WIC participant for both the prenatal breast feeding education and the postpartum support is approximately \$32.00 "per pregnant" and breast feeding woman (11). This cost is generated from surveys conducted by Nurture staff with model breast feeding programs across the country (See Appendix 1). This figure takes into account that WIC alone should not be responsible for this service and, therefore, does not include the support that should be provided by the physician and the hospital. At the current caseload, \$32.00 "per pregnant" and breast feeding woman translates into a total of \$33.5 million dollars (18). Recognizing the constraint on the administrative budget, we have proposed \$21.00 "per pregnant" and breastfeeding woman for this reauthorization period.

The \$21.00 "per person" amount is approximately 2.9 percent of the administrative budget, a modest increase from the 2.3 percent of the administrative budget designated in 1989 (19). Almost two-thirds (62.9 percent) of the geographic states agencies have recognized the importance of this spending level and are already reporting breast feeding expenditures at or above this amount, while more than a third (37 percent) of the geographic states are already reporting a \$32.00 "per pregnant" and breast feeding woman expenditure (20). By setting a "per person" target and increasing the total breast feeding target, you will help assure that some emphasis will be placed on all pregnant and breast feeding women and that each local agency will make some progress toward meeting the minimum standards of care.

In conclusion, with WIC reaching its 20th birthday, perhaps it is time to reexamine why we are debating over one-half of one percent of the administrative budget. In 1974, it was understandable for WIC to make a large investment in formula feeding without considering the ramifications for providing support for breast feeding. At that time, there was little support for breast feeding from any segment of our society, including the health care sector.

Almost two decades later, despite the well-documented benefits of breastfeeding (and, therefore, the well-documented risks of *not* breast feeding), and the knowledge gained regarding methodologies to successfully assist low-income women in breastfeeding, we still allow the seemingly insurmountable line between food and administrative dollars to contribute to the inequitable distribution of infant feeding dollars.

Although we can not solve this problem overnight, I urge you to build on the overwhelmingly successful vision created in 1989 by moving one step closer to assuring that all WIC women have access to breast feeding education and support.

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**COSTS OF BREASTFEEDING PROMOTION PROGRAMS:
AN ANALYSIS OF PER PERSON COSTS FOR
PRENATAL EDUCATION AND POSTPARTUM SUPPORT IN THE WIC PROGRAM**

Prepared by Nurture/Center to Prevent Childhood Malnutrition
4948 St. Elmo Ave., Suite 208; Bethesda, Maryland 20814

May 17, 1994

In 1992, state WIC agencies reported a total expenditure of \$15.7 million for breastfeeding education and support. Based on 1992 participation, this represents approximately \$17.00 per pregnant and breastfeeding woman. A survey of program costs and effectiveness of breastfeeding education and support programs was conducted in 10 public health programs in 1988. Additional surveys of 38 local WIC agencies were conducted in December 1993 and January 1994. In both sets of surveys, the agencies were selected based on documentation of impact on the rates of breastfeeding and/or program costs. The average cost for the most effective of these programs was approximately \$32.00 per pregnant and breastfeeding woman as illustrated in the budget below.

I.	Budget: \$48,083 (\$32.00 per pregnant and breastfeeding woman) ¹		
	Prenatal Caseload = 1,000; Breastfeeding Caseload = 500 (50% breastfeeding initiation rate)		
A.	<u>Personnel</u>		
	1. Breastfeeding Coordinator		
	.5 full time equivalency x \$32,000	16,000	
	2. Peer Counselor		
	.5 full time equivalency x \$18,500	9,250	
	Fringe Benefits	6,312	
	Subtotal		\$31,562
B.	<u>Operating Costs</u>		
	1. Travel	2,000	
	2. Supplies: patient and professional educational materials; breastfeeding aids, including breastpumps, ² etc.	8,250	
	Subtotal		10,250
	Indirect Costs (15%)		6,271 ³
	TOTAL		\$48,083 ⁴

¹Approximately 35% of budget expended for prenatal education and 65% expended for postpartum support

²Includes manual breastpumps for 50% of breastfeeding mothers at \$20.00/pump and 4 loaner electric pumps for mothers separated from their babies for an extended period of time. It is expected that the remaining mothers will be provided pumps through the hospital, Medicaid, and/or will not need or want a pump.

³Costs for space, administrative support, etc.

⁴This model does not include the critical support provided by the physician, hospital or other private provider or the state agency expenditures, e.g. training, breastfeeding coordinator, etc.

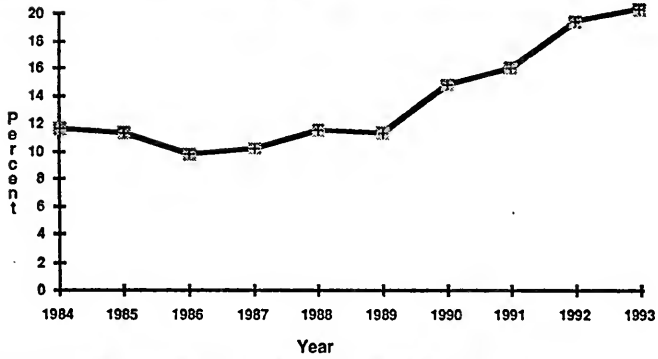
II. **Activities/People Served**A. **Weekly Activities and Staff Allocation**

- | | |
|---|-----------|
| 1. Coordinator (20 hours per week) | |
| a. Community Activities (health professional training; media contacts; clinic and community task forces; networking with schools and other groups; health fairs; meetings with hospital personnel, community physicians and public officials) | 4 hours |
| b. Peer Counselor Supervision and Training | 3 hours |
| c. Lactation Consultation via hospital and clinic contacts (10 people at 1 hour each) | 10 hours |
| d. Administration (record keeping) | 3 hours |
| 2. Peer Counselor (20 hours per week) | |
| a. Initial Prenatal Assessment and Counseling (20 people at 15 minutes each) | 5 hours |
| b. Prenatal Breastfeeding Discussion Group (10 per group; one group per week) | 1 hour |
| c. Prenatal Class: Initiation of Breastfeeding (10 per class; one class per week) | 1 hour |
| d. Postpartum Problem Identification, Support and Referral (hospital, clinic and phone contacts) | 8.5 hours |
| e. Postpartum Support Group (10 per group; one group per month) | .5 hour |
| f. Administration (appointment reminder calls/cards and record keeping) | 4 hours |

B. **Yearly Encounters** (per 48 weeks)

- | | |
|---|-----|
| 1. Initial Prenatal Assessment and Counseling (1 contact for 960 of the 1,000 prenatal participants) | 960 |
| 2. Prenatal Breastfeeding Discussion Group (1 group/week; 10 prenatal participants/group) | 480 |
| 3. Prenatal Breastfeeding Initiation Class (1 class/week; 10 prenatal participants/class) | 480 |
| 4. Postpartum Problem Identification, Support and Referral (3 contacts for 100 women, 2 contacts for 250 women and 1 contact for 150 women) | 950 |
| 5. Breastfeeding Support Group (5 <u>new</u> mothers/month plus 5 women who previously have attended a group meeting) | 120 |

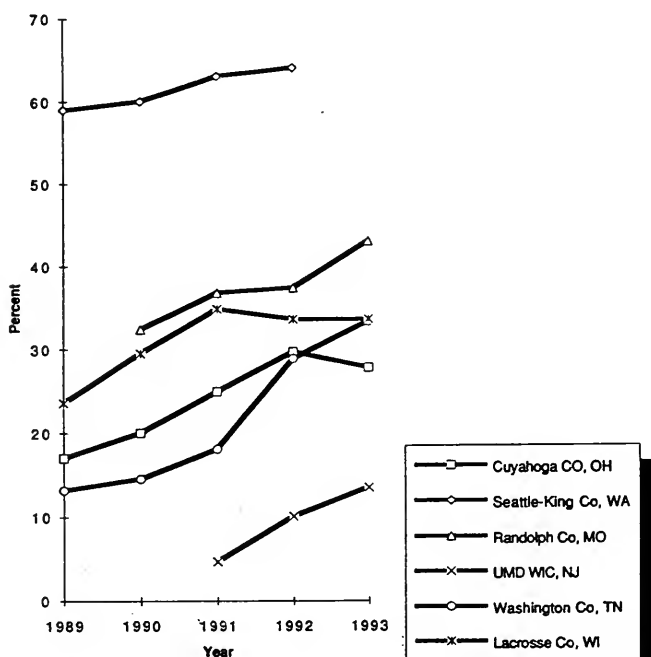
Tennessee Rates of Breastfeeding at Six Weeks
Postpartum WIC Certification
1984-1992*



*From Tennessee WIC Data System, Tennessee Department of Health

Figure 1

Percentages of WIC Mothers Breastfeeding at Initial Postpartum Certification (up to six Weeks), Selected Local Agencies 1989-1993



*Randolph Seattle-King Co. data taken at hospital discharge.

**1993 data is incomplete.

***Data collected by local WIC agencies as reported to NURTURE in WIC Breastfeeding Survey, Dec, 1993.

Figure 2

Hurt Porter and Carol Porter

Good morning Gentlemen, and Mr. Chairman. It is indeed an honor to speak before this committee and share our vision for a better tomorrow for our children.

We thank Senator Kay Bailey Hutchison for arranging this opportunity, and to the Aunt Jemima brand division of Quaker Oats for sponsoring this trip.

Every media outlet cries out the saga of over 12.5 million hungry American children. Kid-Care, the first meals on wheels for children founded in Houston is committed to ending hunger among children within this century by empowering individuals and organizations to develop our concept.

You may listen to many, throughout our great country, who tell you to allocate more funding to build more prisons and more juvenile detention centers.

The answer is not to flood America with prisons. The answer is to inundate our low-income communities with quality food, quality education, job opportunities, effective treatment facilities, and quality housing. All of these issues are successfully addressed by numerous community based organizations.

We can invest in creating successes for our children now, or we can pay for their failures as adults later.

Kid-Care delivers over 18,000 meals monthly to the door of Houston hungry children. We also provide cultural opportunities, tutorial and day care assistance, preschool, and summer camp experiences. All of this is done without government financial assistance.

Kid-Care daily assists over 500 children of every race, because hunger and malnutrition do not discriminate and neither do we.

We have achieved our success because of caring individuals and corporations such as Toys 'R Us, Heartline Communications, The Quaker Oats Company, and Houston Central Industries. These corporations have demonstrated how communities can change from bleakness to brightness when the private sector joins hands with effective nonprofit organizations.

Hunger in America is at epidemic proportions. A "Meals on Wheels" for children in American communities can help reach the children that the food pantry networks and Kid's Cafe are unable to assist as well as the children in households receiving food stamps which run out in the second or third week of each month.

In communities throughout our great country, children are seen eating out of dumpsters. Children are seen begging on our streets, heart-wrenching scenes remembered by those who experienced *The Great Depression*.

If our Government continues to fail to make children the #1 item on the agenda, if Government fails to strongly encourage private sector to join hands with nonprofit organizations, then America has condemned the children in need to an inheritance of a diminished destiny. Our inaction will affect the quality of life, not only for the children we fail now, but also the children of generations to come.

Kid-Care has been brought to municipal court twice by our Health Department, and faced a jury trial in September and October because we refused to use donated funds to convert our home kitchen to commercial standards.

Allow me to share a few of the examples of which we have been cited for:

- (1) No mop sink
- (2) Our preparation sink is too shallow
- (3) Our stove lacks a vented hood to minimize grease fires. Since we never fry foods this is an unnecessary expenses.

As a registered nurse along with my fellow workers, we are not saying lower the health standards, we are saying it is time to modify the standards, and make a distinction between nonprofit and profit making kitchens, thereby enabling "Mr. and Mrs. Community" to fully participate in feeding hungry men, women, and children without fear of litigation. The Government cannot feed the millions; the Government needs the assistance of every willing citizen and organization.

We would appreciate any assistance in facilitating change in Federal statutes that impact nonprofit organizations seeking to feed hungry Americans.

You Gentlemen, with a stroke of your pen, word of mouth can help to change the lives of millions of hungry Americans.

We no longer have the luxury of saying "Let someone else do it" because we are that someone else. We appreciate the opportunity to present this statement and would be happy to address any questions you may have.

United States Senate
COMMITTEE ON
AGRICULTURE, NUTRITION, AND FORESTRY
WASHINGTON, D.C. 20510-6000

NEWS RELEASE

**STATEMENT OF SENATOR PATRICK LEAHY (D-VT)
ON CHILD NUTRITION
June 10, 1994**

We all know the devastating impact of hunger on children and the evidence linking undernutrition and poor mental development. Today we will hear about how undernutrition harms children silently and robs children of their ability to learn. As if low-income children do not have enough problems -- this is a threat to their future and the future of this country.

This is more subtle than the problems that gave rise to the school lunch program in 1946. I was reminded while I was in Normandy at the D-Day commemoration events of the sad fact that during World War II military doctors were appalled at the poor health of young recruits. They saw thousands of young boys who suffered from nutrition diseases. After the war, Congress determined that nutrition programs were a matter of national defense and established the National School Lunch Program.

Dr. Carl Sagan and Dr. Berry Brazelton will talk about today about undernutrition. It is more subtle that malnutrition -- but undernutrition also robs America of its future.

Undernutrition discriminates against low-income families -- it singles them out and makes it harder for their children to learn in school and increases the chances that these children will continue to live in poverty.

We need to give every child an equal chance to compete. That is why all the child nutrition programs are so important. I want America to be as strong and as competitive as it can be -- that is why I have supported these child nutrition programs so vigorously.

S. 1614 — BETTER NUTRITION AND HEALTH FOR CHILDREN ACT

FRIDAY, JUNE 17, 1994

**U.S. SENATE,
SUBCOMMITTEE ON NUTRITION AND INVESTIGATIONS,
COMMITTEE ON AGRICULTURE, NUTRITION, AND FORESTRY,
Washington, DC.**

The subcommittee met, pursuant to notice, at 10:10 a.m., in room SD-562, Dirksen Senate Office Building, Hon. Tom Harkin (Chairman of the subcommittee) presiding.

Present or submitting a statement: Senators Harkin, McConnell, Craig, and Kerrey.

STATEMENT OF HON. TOM HARKIN, A U.S. SENATOR FROM IOWA

Senator HARKIN. The Subcommittee on Nutrition and Investigations of the Senate Committee on Agriculture, Nutrition, and Forestry will come to order.

A week ago, I was pleased to chair a hearing of this subcommittee focusing on the critical role of nutrition in helping children attain their full potential for physical and intellectual growth and development, and for leading healthy, productive and fulfilling lives.

I believe the excellent testimony of that hearing will serve as a sound basis for future efforts to combat hunger and undernourishment. That hearing focused on early childhood development, prenatal care, the WIC program and programs like that.

But today's hearing will take us a little further. We are going to focus on another aspect of the relationship between nutrition and health, that is, the link between sound nutrition and dietary habits in childhood and adolescence, and the prevention of chronic disease and illness later in life, and the link between good nutrition and dietary habits and learning in school.

The link between nutrition and health has certainly long been known. Now, expanding scientific knowledge is providing us a much clearer picture of the specific ways in which nutrition and dietary patterns early in life affect health throughout life. We have a responsibility to ensure that our national child nutrition policies reflect the reality of this new scientific knowledge about the link between diet and health.

For many years, I have had a keen interest in the nutritional quality of school meals, so I welcome the increased attention at the Department of Agriculture, and especially the dedication of Assistant Secretary Haas, to making school meals more healthy for our

children. I commend her for all of her efforts in putting together the School Meals for Healthy Children Initiative announced last week.

This initiative clearly represents a significantly increased emphasis in USDA on the nutritional quality of school meals. This new emphasis on healthier meals should not be viewed as an indictment of local school food service programs or their personnel, who I believe deserve credit for trying to offer healthier meals, but who face some very real challenges in doing so. Fortunately, the USDA proposal seeks to provide new tools designed to help schools meet the new guidelines.

With the new emphasis on healthier school meals, we should not lose sight of the important role of these meals in helping children obtain adequate amounts of essential nutrients for normal growth and development and learning. Long-term health can obviously be affected by inadequate intake of nutrients, just as it can be affected by too much fat, saturated fat, cholesterol or sodium.

Just last week, for example, an NIH conference concluded that millions of Americans consume far too little calcium, a problem that is especially serious among adolescents. And for many children, school meals may be the only decent food they will eat in the day. For them, simply getting enough protein, calories and other nutrients is a challenge. Innovative new menus will be needed that strike a balance in both providing adequate nutrition and reducing fat, saturated fat, sodium and cholesterol.

All indications seem to point toward moderation, balance and variety in the diets of children in order to supply essential nutrients while reducing over-consumption of fat, saturated fat, cholesterol and sodium. The diet must be viewed as a whole, and care must be taken not to disparage certain foods or classes of foods that can play an important role in providing essential nutrients. As I understand the USDA proposal, I believe it is aiming for that balance.

At today's hearing, we will have an opportunity to explore various aspects of the initiative, including its soundness from a nutritional standpoint and the practical problems that may arise in implementing it.

So I am pleased that we have a diverse set of witnesses today to address the various issues surrounding this important initiative.

With that, I will turn to my Ranking Member, Senator McConnell, for any opening statement that he might have.

STATEMENT OF THE HON. MITCH McCONNELL, A U.S. SENATOR FROM KENTUCKY

Senator McCONNELL. Thank you, Mr. Chairman.

I want to tell you how much I appreciate your holding the hearing today. I think it is important that we explore the implications of USDA's new regulations on school lunch and breakfast programs and on the children served by these programs.

I want to commend Ms. Haas for her hard work, for her drive to improve the nutritional quality of the meals served to our Nation's school children. Through her efforts, she has certainly increased awareness and provoked much discussion about the food that we serve our kids.

I want to briefly highlight a few questions and concerns I have regarding a nutrient-based menu planning system. First is the concern that we are moving away from an emphasis on food groups. With a nutrient-based menu, the first focus is on the number of calories and amounts of nutrients, not on providing a serving of bread or a piece of fruit. It is critical in the transition from food group-based menus to nutrient-based menus that we remember and realize the importance of eating from all of the food groups. Nutrition education will be an important tool in educating both food service preparers and students about the foods on their plates. Frankly, I am a little concerned that we will lose an emphasis on fruit and vegetable consumption. Data shows that consumption among kids is already low, and as people focus on reducing the amount of calories from fat, I do not want to see other important eating guidelines fall from the radar screen.

A second concern I have is with the burdens we could be shifting to the State agencies, as we ask for their assistance with implementation. I know my Colleagues have voiced concern about rural and small school districts implementing a new menu system, and I share these. On the other hand, I am also hearing from the school food service administrators in my State that the new reg will result in an increased burden on the State education agencies.

Now, we all know that unfunded mandates are dirty words among some of us. That is an issue we spend a lot of time on these days. So I want to be especially careful that we do not add yet another burden on the States.

Finally, I want to emphasize that, in our effort to improve the nutritional quality of meals, we do not jeopardize participation in the lunch and breakfast programs. We all know how successful these programs are in feeding children of all ages and income levels. But kids not buying a school lunch and schools dropping out of the Program is certainly not going to serve anybody's interests. No matter how well-intentioned, if the kids do not like the food on the tray, they will not eat it.

We are all familiar with the story about the dog food salesman. The dog food company, which had spent lots and lots of money advertising the product, and it did not get a bigger market share. The chairman of the board brought all the advertisers in, and they finally just conceded to the chairman that the dogs did not like the food. I mean you cannot make people eat if they do not like it, so I think it is important to remember that as we go forward.

So to work out the kinks with implementing this nutrient-based menu planning concept nationwide, I hope you will take into account some of the concerns that I have just outlined. And we certainly look forward, all of us, to hearing from you and the other witnesses.

Thank you, Mr. Chairman.

Senator HARKIN. Thank you very much, Senator McConnell.

[The Testimony resumes on page 278.]

[The prepared statement of Senator J. Robert Kerrey follows:]

STATEMENT OF SENATOR J. ROBERT KERREY

I want to thank Chairman Harkin for holding this hearing today. The USDA's new guidelines represent a major change in the School Lunch Program and I am pleased to have the opportunity to discuss them.

Nutrition provided through programs like school lunch are directly connected to three elements of success: health, education and motivation. Good nutrition habits early in life play a big role in future health care savings. It is not an exaggeration to say that by providing nutrition services now, we avoid costs down the road. In fact, studies have shown that WIC spending on pregnant women results in substantial savings in Medicaid costs for newborns and their mothers. Every dollar spent on WIC saves about 3 dollars in medical costs.

As a chairman of the Entitlement Commission studying ways to get our entitlement costs under control, I am especially interested in programs that help us avoid these future costs. In addition to health, nutrition also has a positive effect on learning. Low income children depend on the School Lunch Program for $\frac{1}{3}$ to $\frac{1}{2}$ of their nutritional intake each day. For some children, the lunch they receive at school is their only hot meal of the day. Schools shoulder a big responsibility to encourage healthy eating habits in students. With the proper diet, students are more inclined to learn the skills they need to succeed in today's competitive workforce.

Of course, success in anything can not be achieved without motivation. We must help children acquire a motive to eat right. We can not force them to eat healthy foods, they must want to do this. Toward this end, I am pleased that the USDA's proposed regulations provide for education and training to teach about the importance of nutrition and promote healthy eating.

Although I am pleased with USDA's focus on healthier meals, I do have some concerns about implementing such a major change. Specifically, many of the smaller school districts in Nebraska may not have the computer capability to design and evaluate their own menus. I am concerned that the costs associated with implementation of the new guidelines may overwhelm these schools. While I understand that the regulations allow schools to use menus developed by other sources, some school food service professionals in Nebraska fear that this system may lead to less variety for students as schools rely on the pre-approved menus only.

We all have a stake in nurturing success in young people. In doing so, we must be mindful of the important connections between jobs, education, health, and motivation. We are increasingly demanding more from our schools and we, the Government, as the caretakers of school lunch and other important nutrition programs, must partner with them to promote nutrition and education among our children.

Senator HARKIN. Senator Craig?

STATEMENT OF THE HON. LARRY E. CRAIG, A U.S. SENATOR FROM IDAHO

Senator CRAIG. Mr. Chairman, let me join, too, in thanking you for a second round of hearings on the critical issue of nutrition and standards and policies that will direct it for our country.

Ellen, it is especially good to have you back before the subcommittee to discuss your proposal and your initiatives, because all of us are extremely concerned that what we do I think reflects very much the concerns of my Colleague Senator McConnell, that while we continue to work to improve our food programs for young people and school lunch programs, we want to make sure that they continue to serve the largest number possible.

I learned a substantial lesson, and I think we all are never too old to learn, when I first came to Congress. Ellen, you remember it very well. Those were the Reagan years, and we were going to cut spending and we were going to adjust programs and we were going to make participants pay more. And we did that in school lunch. For the paying child, we said you are going to have to pay more, and they did not. They did not want to, and their parents

packed their lunches for them or sent them off with a brown bag with a Snickers in it or whatever, and we realized that those who could pay were, in essence, subsidizing those who could not. And we for a period of time there risks putting our school lunch program in jeopardy.

Now, the lesson I learned from that was that what we do here oftentimes we fail to recognize the kind of impact it gets or it will have out on the ground, that these programs are very sensitive, because we are dealing with the human being and the human reaction. As that program under what we were doing at that time was a good deal more price-sensitive than I thought. I thought, heck, a quarter more, that is no big deal. At least it was not in my mind. It was in other people's minds, or 50 cents more.

Now, as it relates to price, let me for a moment talk about the food itself. I am absolutely convinced, based on my experience with the Idaho programs and having watched them and visited them, that our young people are very sensitive to the food they eat. It has got to be something they are familiar with, in part. It has got to be something they like. It has got to taste good, or they will not do it. They will not eat it.

For those young people who this meal or meals may well be the only meals they will get in a day, that becomes increasingly important, that what we provide for them we provide in a way that they will receive and want.

Also, I am now beginning to outreach to the Programs of Idaho, in relation to what they now know about some of your initiatives, to say how will this fit, how will it work, and that information is still flowing in.

One of our concerns, as we get to the fine-tuning that goes on to meet some of the standards you are proposing, if those become final standards, is the need for computers. Preliminary surveys show that less than 50 percent of our school lunch programs have access to computers, and they will probably have to buy them or have them made available to them.

Yesterday, a committee in the Senate passed a Federal mandates bill that said that any Federal mandate over \$50 million the Government had to pay for. Well, if my State is typical of other States, we pass that mark just by that alone, and the requirement of the tools necessary to potentially provide some of the changes in the initiative proposed. Now, that is at least a preliminary overview. I am not saying that is totally accurate today, but those are some of the things that I think we are going to want to talk about and understand better, as we deal with this issue.

Lastly, Mr. Chairman, the plea that I made last week to those who were here before us on child nutrition, was that what we do has to have a basis. It has to have a basis in science. It ought well to have been proved and established that, as it relates to fat requirements and those kinds of concerns, are our studies and our facts that we are basing our decisions on, are they studies from adults, or are they actually studies from children, are we concerned about quality nutrition as it relates to linear growth in young people and how that fits.

I know, at my age of 49, I ought to be a little concerned about my fat consumption and my exercise. But I have not yet seen a de-

finitive study that would suggest the same kind of regimentation for a 6-year-old, and I do not believe the science is there. I wish you would talk about that today. I think that is very important, that what we do is based on sound science, and that it be accomplishable in that sense.

Thank you, Mr. Chairman. I look forward to those who are here to testify.

Senator HARKIN. Thank you very much, Senator Craig.

We call as our first witness the Honorable Ellen Haas, Assistant Secretary for Food and Consumer Services, U.S. Department of Agriculture.

Ms. Haas is certainly no stranger to this committee and subcommittee and to me personally over all the years. I have been delighted to work with you over many years. If you would for the record just identify who is with you, your statement will be made a part of the record in its entirety, and you may proceed as you desire.

STATEMENT OF ELLEN HAAS, ASSISTANT SECRETARY, FOOD AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE; ACCOMPANIED BY WILLIAM LUDWIG, ADMINISTRATOR, FOOD AND NUTRITION SERVICE; AND GEORGE BRALEY, ASSOCIATE ADMINISTRATOR

Ms. HAAS. Thank you very much, Mr. Chairman, and Members of the committee.

I very much appreciate being here. I also want to thank you for your leadership throughout the years, Mr. Chairman, in promoting nutrition.

I am joined today by Mr. Bill Ludwig, who is the Administrator of the Food and Nutrition Service, and Mr. George Braley, who is the Associate Administrator of FNS.

It really is a pleasure to be here to continue our discussions, I should say, to talk about USDA's vision for the future of the Nation's school meal programs.

Last week, Secretary Espy announced the Department's School Meals Initiative for Healthy Children, including a major regulatory proposal that will update the nutrition standards for our school meals program. Together with the child nutrition legislation that will be soon passed by this committee, the initiative truly makes historic changes to programs that affect the present and future health of our Nation's children.

In 1946, President Harry Truman established the National School Lunch Program. It was in response to all the young men who wanted to be soldiers, but they suffered from malnutrition. The program was defined then as—and I quote from its declaration of policy—as “a measure of national security, to insure the health and well-being of the Nation's children.”

Well, the mandate has not changed, but the science of nutrition has, and we have not kept up. Today, the National School Lunch Program serves 25 million children in more than 92,000 schools. Half of the children get either free or reduced-price lunches. The School Breakfast Program serves 5 million children each day, with the great majority of those children getting free or reduced price

meals. These programs have strong bipartisan support for their traditional role of providing access to food for America's children.

The changes USDA is proposing will insure that our Nation's children will have healthier meals in school. Our goal is a very simple one: It is healthy children.

Improving the nutrition standards for our school meals so that they meet the Dietary Guidelines is our national health responsibility. There is scientific consensus that is very firm that diet is related to chronic disease. And most importantly about this program is that lifelong eating habits are established by the age of 12. So when those young children become 49, Senator Craig, they will have had established patterns that promote their health, and they will have begun to learn at school by eating, as well as by being educated in the classroom.

We know that the meals we provide our children are a critical tool for shaping their adult health. Clearly, the food we offer must be part of a nutritious diet. And we do have Federal policy on what makes a healthful diet.

The Department of Agriculture and the Department of Health and Human Services ever since 1980 have established the Dietary Guidelines for Americans. Those guidelines are for children over the age of 2. It is based on sound science, and it is updated every 5 years. The guidelines are the best available scientific and medical knowledge we have in this country today. They have been widely endorsed by virtually all of the private sector and the general public. They are, let me say as well, made up of the deliberations of an expert panel that is nominated by HHS and USDA, and I think it is a very, very important body that comes to these conclusions.

But our school meals are not in compliance with our own Federal policy on what constitutes a healthful diet. USDA studies document that children's diets are too high in fat, saturated fat and sodium. Indeed, last fall, a USDA study that was begun 3 years before, which had extensive research and analysis, found that school meals served today do not meet the Dietary Guidelines. The time has long come for change. We must use our contemporary scientific knowledge to insure that all children have access to healthy meals at school; meals that meet the Dietary Guidelines.

The department developed the initiative after the most extensive consultative process with the public and private sectors. We spent a year listening to both public comment, as well as meeting with hundreds of organizations and groups across the country.

On September 13th, the Department published a FEDERAL REGISTER notice asking the public to comment either in person or in writing. We held four regional hearings, beginning in Atlanta, going to Los Angeles, Flint, Michigan, and back here in Washington. We had more than 350 people testify, and more than 2,400 public comments. The hearings were followed by in-depth consultations with representatives of a variety of interest groups. The meetings gave USDA the opportunity to refine the issues with all those who hold a stake in their future.

USDA's School Meals Initiative for Healthy Children is organized around a 4-point comprehensive, integrated framework for action. I would like to just summarize that briefly.

The first is eating for health and meeting the Dietary Guidelines. This is through our regulatory proposal. School meal nutrition standards will be updated and expanded to include the 1990 Dietary Guidelines for Americans, with standards for fat and saturated fat, as well as required nutrients. The current requirements for essential vitamins, minerals and calories will be essentially the same. They will remain, augmented by the quantified standards of 30 percent of calories from fat, and 10 percent of calories from saturated fat.

The current very rigid meal planning system which requires that certain types of food be served in certain quantities will be replaced by the NuMenus system, or—and I think this is very important for the rural schools and the small schools—the assisted NuMenus system. This new system that we are establishing is flexible, easy to use, and allows schools to concentrate on serving a greater variety of foods.

NuMenus uses updated computer software and a national database developed by USDA to help food service personnel to plan and adjust school meals. NuMenus removes the distinctions about which foods are served and focuses, instead, on total nutrients provided over the course of the week. The system insures that meals meet specific nutrient standards, including the key levels and the recommended levels of fat and saturated fat.

For smaller schools, particularly schools in rural areas, we are setting up an assisted NuMenus system. These are particularly geared to schools that do not currently have the technological capacity; though I must say that technological capacity and use of computers is growing with every year, and by 1998 certainly will be much more widespread.

But the NuMenus system that is assisted allows the schools in areas that are smaller to use USDA prepared menus and recipes, as well as analytical programs shared with other schools. They can pool their resources, and they can also use USDA developed menus. Therefore, no school will be in a position that they will not be able to participate.

USDA is already working to refine and perfect the procedures and software systems used to operate NuMenus through 34 demonstrations in school districts across the country. Nationwide implementation of the updated new standards will be required by the 1998 school year. Compliance will be measured over a week, providing meal planners flexibility and expanding choice in designing menus. Compliance will be achieved with USDA technical assistance and corrective action, rather than through punitive sanctions. Actual penalties will only be imposed on a school in the rare instance that a school refuses to comply or commits fraud.

Our second ingredient for change is making food choices, nutrition education, training and technical assistance. I could not agree more with Senator McConnell and Senator Craig, in your comments. If it does not look good, if it does not taste good, if kids do not like it, they are not going to eat it. That is why nutrition education and training is so important. We cannot just change what is in the food on the tray.

We have got to realize that customer appeal and customer satisfaction is key to this principle, to this proposal, and it is key to the

success of this program. After all, 54 percent of the children, only 54 percent, are currently participating today, and for the last 7 years, it has dropped 1 percent every year. So by stressing customer appeal and nutrition education and having a program where children acquire a motive for healthy eating, we will be able to change children's dietary patterns.

We will launch a nutrition education media campaign in the next school year directed at building children's skills in making healthful food choices. Training and technical assistance will be provided to schools to help implement the Dietary Guidelines and provide food that looks good and tastes good.

The department will continue to develop culturally and regionally diverse recipes, and chefs and other food industry professionals will work together with food service personnel at the local level to maximize taste, appeal and presentation. This dual initiative to educate children and assist program operators will influence both what foods schools offer and what foods children eat. Parent and teacher involvement is actively encouraged.

Our third ingredient for change is maximizing the resources, getting the best value. USDA's own commodities represent approximately 20 percent of all the food purchased by schools. As we change our school meals to promote the health of children, the integrity and continued improvement of our commodity programs is essential.

By marshalling available resources and strengthening partnerships with State and local cooperators, we will be able to stretch food dollars, while improving the nutritional profile of commodities. We will review our commodity specifications to assure that the levels of fat and sodium are reduced as much as possible. Also, by creating a new mechanism within USDA, the Commodity Improvement Council, we will be able to bring the resources of the Agricultural Stabilization and Conservation Service (ASCS) and Agricultural Marketing Service (AMS), together with FNS, to have a coordinated approach and really to provide commodities that promote the health of children, while supporting the markets of farmers.

I am especially pleased to say that we will be providing nutrition labeling on those commodities. So when they sit on the shelf behind the cafeteria, the commodities next to the processed foods, they will both have nutrition labeling, which provides information for school food personnel.

Finally, in this area we will develop pilot projects to link schools with small resource farmers and publish a national directory of farmer's markets, so that the schools can have more access to fruits and vegetables and support local farming at the same time.

Our fourth component, which is very important, is managing for the future, streamlined administration. Throughout the hearings we heard from the dedicated food service personnel who work so hard in this program, that they have spent more time on administrative paperwork and burdensome activities than they have spent on nutrition. We heard a consistent call to reduce that paperwork burden, and we are reducing the burden and allowing food service professionals to devote more time to nutrition.

Specifically, we will eliminate the requirement for edit checks for schools with a proven record of accountability, and allow those

schools to design their internal controls. We will eliminate the regulatory requirement for schools to document their nonprofit status, and aggressively promote direct certification for Food Stamp and Aid to Families with Dependent Children (AFDC) households. It is important to note that we can reduce application time if we do this. We also will reduce the paperwork by extending the coordinated review effort cycle from 4 to 5 years.

Mr. Chairman, and Members of the committee, together this comprehensive package can go a great distance in improving the health of children and also improving the effectiveness of our school meals programs. We believe that this initiative is a model for reinvention, as well as a model for promotion of national health and nutrition.

In closing, we have all been entrusted as the guardians of our children's health. For years, we have had important goals and objectives, but we have done little to meet them. With this proposal, at least we will begin to do so. Our initiative closes the gap between the Dietary Guidelines and their application in our school lunch and school breakfast programs.

We are beginning a new era for our children, for their parents, their teachers, their school food service providers and, most importantly, for the U.S. Department of Agriculture.

I look forward to working together with you, Mr. Chairman, and Members of the committee, to realizing our goals.

Thank you very much.

Senator HARKIN. Ms. Haas, thank you very much for a very clear and comprehensive outline of the initiative.

Let me just ask this: On these new rules, is this a regulatory negotiation process? Tell me how these guidelines are going to be implemented now.

Ms. HAAS. Currently, under the National School Lunch Act, the Department has the authority to carry out this regulatory proposal. In undertaking the development of this proposal, we held the most extensive participatory process in the history of this program. We went around the country, as I mentioned, in the hearing process, and then we had focus issue roundtables with all of the stakeholders.

Mr. Chairman, this proposal has an unlimited number of stakeholders. You have the food service directors, you have the commodity groups, you have the health organizations, you have the education organizations. We met with hundreds of groups. We heard from 350 people at the hearings. So we believe that the process has been very participatory up to this point, and that is why Secretary Espy has moved ahead with this proposal at this time.

Now we have a 90-day comment period, where the public has very extensive opportunity to participate, where we have done a great deal of outreach to get the message out and the FEDERAL REGISTER notice out. We look forward to those comments, and after that period of time, when we take in all these comments, and we expect to have very extensive comments. Then we will analyze it and proceed.

Senator HARKIN. Why should it take until 1998 to implement the rules? Why can we not do it sooner than that?

Ms. HAAS. Well, we certainly have been hearing that a lot. First of all, schools may, after the rule is final, begin the implementation of dietary guidelines.

Senator HARKIN. When will that rule be final?

Ms. HAAS. We have the 90-day comment period that we have to go through, and then the Department has to analyze all those comments, and I hope we can come to closure on it.

Senator HARKIN. I thought we were in the 90-day period.

Ms. HAAS. This is not a final rule, Mr. Chairman.

Senator HARKIN. Pardon?

Ms. HAAS. We are not now proposing a final rule. It is only a proposed regulation.

Senator HARKIN. Well, I thought you said—

Ms. HAAS. No. I think there has been some misunderstanding that we were going to a final rule, but we are a long way from a final rule. We have a 90-day comment period, so there is an extensive opportunity for—

Senator HARKIN. We are in that 90-day period now, are we not?

Ms. HAAS. It just began, yes.

Senator HARKIN. I see. It just began.

Ms. HAAS. It just began.

To go back to your question, because I think it is a very important one, we know that there are 92,000 schools. Many schools will meet that deadline much before 1998, and they will be able to do it. But because there are small schools and big schools and 92,000 different ways of doing it, we want to make sure that it is done well, not just done. So we have given a very realistic time frame for all schools, so that they can meet it within that time.

Senator HARKIN. Let me see if I can try this question again. You have the final ruling coming up. Will that final rule be published before the end of this year?

Ms. HAAS. I hope that we will be able to do that.

Senator HARKIN. This is 1994, 1995, 1996, 1997—again, why will it take 3 years or more to do this? Why can it not be moved ahead? Why not 1996?

Ms. HAAS. We heard from many who testified. We listened very carefully to the school food service directors that you have to make these changes gradually. We heard from many that it would take some time in implementing the system, doing the nutrient analysis.

Again, Senator Harkin, this is a comment period. We have 90 days and we have to look at the record to come out with our final regulation. So this is an opportunity for you in Congress, as well as the public, to make those comments, and then we are going to consider all of those before we go to a final regulation.

Senator HARKIN. I understand.

Ms. HAAS. We are right down the center, because we have people who would like to have this take longer, and we have people who would like it to be shorter.

Senator HARKIN. I will just digress a little bit here and perhaps put another light on the point made by my two Colleagues and what you had said about making food palatable and tasteful to kids and desirable.

Maybe I might want to disagree with that, and maybe it is because of my own upbringing. You know, I was taught that you eat what was put on the plate.

Ms. HAAS. We lived in a different era.

[Laughter.]

Senator HARKIN. Maybe that is the problem. We did not have a choice, either.

Second, I was always taught that to waste food was a sin. I mean it was a religious concept, to waste food was a sin. So I grew up with that concept and I still have it.

Kids today—and I look at my own two kids who are in public schools—are inundated all the time with ads on McDonald's and everything else. As I stated last week, I am as big a fan of eating at McDonald's as anybody else. Fast food, it tastes good. I do not know why, maybe it is just that the human body likes a lot of sodium, perhaps, and a lot of fat.

I mean if I ask my kids what they would like to have for lunch, they would say a bacon-cheeseburger and french fries. That is what kids like. You do not think that is what they like?

Ms. HAAS. Well, I have been traveling around the country and I have probably had more school lunches than I ever imagined. I probably have gone to about 30 to 50 schools. When I sit down and talk with the kids, what do they want, very often pizza tops the list. But you can do pizza with a high fat cheese, or you could do pizza with skim mozzarella, you could do pizza with pepperoni, or you could do pizza with veggies on top. They love the idea of pizza and eating it with their fingers.

I have also asked the kids what they want. They want more salad bars. The little ones want more carrot sticks. The tastes you and I grew up with, and probably all of us, were very different and had very many different influences, because we had diets that were higher in fat. But little children who start their patterns have very different senses and get excited in different ways about foods and vegetables.

Also, the influences are very different. Going back to your concern, my mother always talked about the "clean your plate club." I do not know if anybody else—

Senator HARKIN. World War II.

Ms. HAAS. World War II. You can see our vintage.

But today, also, the supermarket has changed dramatically. In 1969, there were 8,000 products in a supermarket. Today, there is an average of about 40,000 products. Children are bombarded with messages about food in advertising. So we have to really take back control of the messages, and we can do that at the same time as we are making our regulatory changes of launching this nutrition education campaign in a language that kids speak.

You have seen the changes children have brought about in seat belt use, in smoking reduction. Children can have a big impact—

Senator HARKIN. Yes, but smoking among teenagers is going up.

Ms. HAAS. I think it really depends on the educational background and where the health information is, that smoking is not going up across the board. It is, unfortunately, going up most seriously in low-income populations.

Senator HARKIN. And among teenagers.

Ms. HAAS. In those populations. I think, again, there has been an effort to direct some of those messages. I know how my children spoke to me when they had health education in their classrooms. We have not done that with nutrition education. We have not had those kinds of messages. We have not used the media in a way that can help children have a motive for eating healthy.

Senator HARKIN. You are telling me that you have been around the country and you have been in school lunch lines, and that kids want salads and pizza and they want good healthy food. But that does not seem to be the experience that others have had in going through school food lunch lines.

Let me just finish this: You have the school food service. Now, a lot of schools have the a la carte lines. I have been through some of those, and you see what happens with the kids. Kids that are a little bit better income, perhaps, and have a little more money, will go through the a la carte line in a lot of cases and they will pick up their nachos and cheese, they will pick up their pizza, they will pick up a burger or whatever it is that they are serving there on that fast food line.

Quite frankly, this has been a disturbing trend for me. I think the largest development in school feeding programs has been the introduction of the fast food meals in the school lunch rooms, this a la carte line, because it competes with the School Lunch Program.

Again, during the last administration—I must add—I do not mean it politically, this just happened during that time—the Food and Nutrition Service stopped enforcing the provision of law that requires fast food restaurants operating in school lunch rooms to offer reimbursable meals to all children. This amendment was intended to ensure the nutritional integrity of school lunches for all children.

Additionally, it was designed to prevent the Federal school lunch program from becoming the poor kids' line, while nationally advertised fast food chains serve only children from more affluent families.

Now, these recently announced regulations will seek to improve diets by reducing the amount of fats, saturated fat, and so forth . . . yet, consumer groups have pointed out that the rapid growth of nationally advertised fast food chains in school lunch rooms threatens to undermine this effort, since a la carte food service would not be affected by these regulations.

How will USDA assure that these regulations will not accelerate the already disturbing trend for children with money to bypass the school lunch to purchase from fast food chains that the low-income kids cannot afford?

Ms. HAAS. First of all, any fast food company like Pizza Hut that is in a good number of schools, will have to meet the Dietary Guidelines, as well, if they are going to be selling their foods in the School Lunch Program for the meal.

Senator HARKIN. Even in the a la carte line, or as a whole?

Ms. HAAS. As a whole.

Senator HARKIN. Not in the a la carte line?

Ms. HAAS. The a la carte line has become popular, as the lack of popularity in the School Lunch Program has increased. As I said,

every year you have seen a reduction in the participation. One of the major principles of this initiative is customer appeal, really getting to where the kids are, getting to presenting the food so that it looks good, tastes good and is healthy, too.

A lot of the people who dropped out of the Program are parents, particularly of elementary school children, who felt that the Program was not serving the health needs of children at the time. So by putting the emphasis on customer appeal, we believe that we will increase the participation of the school lunch portion, and what you will not need is the a la carte part being as popular as it is today.

Senator HARKIN. I am sorry, Ms. Haas, I think that may be wishful thinking. I think these kids are bombarded by advertising daily. We know how much kids watch television. I just think that is wishful thinking.

Ms. HAAS. Mr. Chairman, they are working under a different mechanism with a la carte. But this is what is important: We spend \$4.7 billion today for the School Lunch Program. We have a national responsibility, a health responsibility to insure that that expenditure is in compliance with what our health policy is.

By doing that, we are going to give a more positive image to the Program. It is a marketing opportunity for the food service directors who have been working very hard to market the Program, despite the fact that participation has been going down. But now there is an opportunity to have a new look at this program, and it is a tremendous marketing opportunity.

When I have met with the commodity organizations, they have been developing new products that are very popular in the supermarket. Today you find that the highest incline is in the low fat products in the supermarket. The commercial food market and the restaurant market has all moved in that direction. Now our Federal feeding programs have to do the same thing.

Senator HARKIN. Well, I agree. I just wonder how that is going to be accomplished and whether or not you can do it while leaving this a la carte line in place as it is. It is more an appeal to taste than it is to nutrition. And I strongly urge that the a la carte menus conform to the guidelines, and I do not know why you are exempting them. For the life of me, I do not understand that.

Ms. HAAS. Well, currently, that is certainly something that we can look at. The reason we have not to date is because they are not subsidized by the Federal Government. They are not a reimbursable meal. They are sold there as really a commercial extra, if you will.

Senator HARKIN. Well, I think we ought to take a look at that.

Ms. HAAS. I think it is an issue that is meriting of taking a look at. We are doing this incrementally. We are taking first steps first. It is an area that we definitely have to look at. I totally agree.

Senator HARKIN. I have a question about calcium, but I will get to that later. I will hand it over to my Colleague, Senator McConnell.

Senator McCONNELL. Thank you, Mr. Chairman.

I do not know what the statistics are with regard to children's eating habits, but in my own personal experience with my own kids, two out of three of them are vegetarians. So I, just based on

my own family experience, have noted the changes in attitude. Again, I do not know what the national statistics are, but I think my children are very, very nutritionally aware, and I would love to take credit for that but I cannot. I think they picked that up partly at home and partly in a lot of other places and managed to resist whatever commercial appeals there were on television for a variety of things they concluded were not particularly good for them.

Ms. HAAS. Senator McConnell, I think that there actually are two tracks. There is an increasing number of young people who are very nutritionally aware, and those people now are becoming young parents with young children, and they want those good dietary habits. And then there is another track of people who have less hope, less self-esteem, less control of their diet. Those are the people who have not had the benefit of nutrition education. After all, we provide that nutrition education as a part of WIC. It has been a tremendous part of the success of WIC. And then we stop when children go to school. And if they do not have the influence at home, then very often those children do not have those dietary habits.

Yet, I would agree with you, and that is why we are doing some studies right now looking at the consumption patterns and what children are eating just so that we can provide more data to find out about these changes that are taking place.

Senator MCCONNELL. I would be interested in seeing those.

Meeting the needs of children with disabilities and chronic illnesses is of particular concern to Senator Dole. What steps will be taken by the Department to ensure schools understand that the Dietary Guidelines are not appropriate for some children with special health care needs?

Ms. HAAS. We have looked at the problems, the special needs problems, and, in fact, one of the schools that I visited in Florida had a great number of children who were hyperactive, and they had a special counselor at that school, helping with the problems that those children had in their diets. The regulations do not pertain to anything specifically, but because we have a concern and because there is going to be training and technical assistance, as a part of our followup implementation, we really will give particular consideration to this concern.

Senator MCCONNELL. Senator Lugar also asked me to ask a few questions for him, one of which I already had myself, and so on behalf of both Senator Lugar and myself: The Department experimented with computerized nutrient-based menu planning twice before, as I understand, without success. The current effort is still in the pilot phase, yet I gather you are making this system the centerpiece of your proposal.

How do you know all the kinks are worked out this time?

Ms. HAAS. Well, those early ones, the early pilots that you talked about, gave us some data, but we were not the latest stage of development of technology. Now our 35 pilots around the country will perfect computerized menu planning. We believe from that demonstration we will be able to go ahead with the implementation with much more data as our basis. So I think we have done a great deal of work. The State of California for the last year or two has been using nutrient standard menu planning successfully. We have

gained knowledge from that experiment, if you will—call it an experiment or demonstration—and I think that we will continue to learn and perfect it.

It really is a very simple to use system. It looks at the total nutrients so that we do not have the rigid system that we have today. Today's system while simple, boxed us in so foods like yogurt could not even be part of the School Lunch Program because they would not fit under any category. So I think that as we develop the software, we are developing the nutrient data bank so that you have more information now, and USDA's development of that has come about at an increasing pace that the information is going to be there to carry out the Program successfully.

Senator MCCONNELL. You have touched on this before, but I want to go back to it. How do you envision the transition and the translation of the nutrient-based system into something that the food service preparers, the teachers, and the children understand is providing a healthy meal with a variety of foods?

Ms. HAAS. Well, as I said earlier, we knew we could not just mandate a change on the plate without investing in the people who are going to carry out this program. That is why training and technical assistance are so much a part of our proposal.

The House Appropriations Committee has included the money that was in the President's budget for nutrition education, training, and technical assistance. That will give us an opportunity at the local level to work with the school districts and work with our partners, work with the American School Food Service Association (ASFSA), work with those people on the ground, work with the State education agencies.

Also, while I am on education, I wanted to just say that we have a cooperative approach with the Department of Education. Secretary Riley came to our hearing in Washington as did Assistant Secretary Payzant. So we are going to be working also with the State departments of education so that we together can do this technical assistance to move ahead in this direction.

Senator MCCONNELL. As you can imagine, we are, all of us, hearing a little bit from home, and I have heard from a number of Kentuckians who are concerned that they have worked pretty hard over the last few years to provide a variety of food choices to the students, in part to make the lunch attractive to them, and they have expressed a concern that many schools may well decide not to offer choices in order to simplify the meal to three items and simplify nutrient analysis and weighted averages.

How do you respond to their reservations?

Ms. HAAS. Well, from my visits with local schools, the schools that have moved to dietary guidelines programs are ones that have very high participation and the ones that can serve as a model, and we want to share those models. Those are schools—I was in a school in New York, one in Florida, one in Salinas, California—that had very high participation.

I think when that information becomes available and is shared across the board, I do not think you are going to see any schools in any substantive numbers pulling out of the Program. Instead, I think you are going to see increased participation because of the opportunity for information.

Also, let me say that there is an opportunity for nutrient disclosures. Today every child in most schools—I know my kids got it—gets a menu that goes home with them for the month. There is an opportunity now to include the nutrient analysis to show how the school is meeting the Dietary Guidelines. That is a great way to also promote the menu.

So I think that there is going to be continued variety because you also have a flexible menu system. So I think that the reverse is going to be true, that you are going to find increased participation, more schools participating because this is an opportunity to show how they are meeting the health needs of kids.

Senator MCCONNELL. All of us have pretty significant rural areas in our States up here, and certainly that is the case in Indiana as well. Senator Lugar asked me to ask you—and I share his interest in this—if you could tell us in more detail how a rural school would do nutrient standard menu planning, if it did not have the computer technology, or dietitians needed to do nutrient analysis.

Let me just say his question further pointed out—I understand one option is to have a State agency do nutrient analysis for schools. But what happens if a State agency gets more requests than it can handle?

Ms. HAAS. Well, to begin with the State agency can do it. Also, schools can pool together. We see that in some of our other programs, for example, in WIC, how they have cooperative purchasing. We could do that same thing here when several school districts that are small can get together and hire somebody who can do that nutrient analysis for them. Also, USDA will provide a set of menus and recipes that schools can use.

Also, there is going to be continuing technical assistance. One final thing is that you are really talking about the startup. Once you get the system going, then we are talking about years of not needing that same degree of assistance. So I think that we have an opportunity now to make sure that there is a track that meets the needs of small rural schools, and that is why we are suggesting the assisted NuMenu system.

Senator MCCONNELL. Well, you are certainly going to have to address that successfully.

Ms. HAAS. Right.

Senator MCCONNELL. I have got one of the few States that is still largely rural with many small towns, and this could be a potentially very large problem.

Ms. HAAS. This is where the hearing process was so helpful to me, for example, I have been to Progreso, Texas. I have been in some very small communities where I did talk with food service managers and learned also how they could pool resources or how the State could work.

Again, this is where our partnership is very important with the Department of Education and with State agencies. So we intend to work on all those fronts to see that, whether a school is large or small or in an urban or rural area, the children have the same opportunity.

Senator MCCONNELL. Senator Lugar had another question. Some have suggested allowing schools to average breakfast and lunch together when determining if meals are meeting their nutrient stand-

ards, which your proposal would not allow. Could you explain why the rule does not at least allow those districts with high rates of participation in the breakfast program to opt to average breakfast and lunch together?

Ms. HAAS. For several reasons. One is the School Lunch Program is the major program, though breakfast is essentially important and we want to promote the expansion of breakfast because it is a vitally important meal. But they are very different meals with very different nutrient compositions. And if you are going to also believe that we are serving an educational function so that children learn from this experience of eating their lunch—it is not only providing the food, but it is also building patterns. And this is really health education right there in the cafeteria, and it could be done in the classroom so that there is an opportunity for the teacher to use that menu before kids go to class and learn about what is in the food. So there is a real opportunity that would be missed if you average both breakfast and lunch.

Also, it would distort the composition since the foods available in breakfast and in lunch are very different. When you are having juice and cereal and milk, and maybe a banana, you have one kind of nutritional profile. You have a very different nutritional profile in your lunch, and it would be very misleading to put those two together.

Senator MCCONNELL. Mr. Chairman, I have some more questions for the record which I would like to submit, but I think that will wrap it up for me.

Thank you.

Senator HARKIN. Thank you very much, Senator McConnell.

Senator CRAIG?

Senator CRAIG. Thank you very much, Mr. Chairman.

Mr. Chairman, the reason these hearings are so timely is exactly what Ms. Haas mentioned. We are in that 90-day window of opportunity here to assist her in transforming, I hope, some of these proposals to make them work as well as we all hope they will work.

Let me first ask kind of a generic question, and then I want to get into the detail that comes from my school lunch people as to how your proposals would or would not work. And I think this is a very fundamental question. I know you attempted to address it in your opening comment, but I sensed kind of a general statement.

Are there any scientific studies that show that low fat diets in children—in children—produce adults with low cholesterol, low heart disease, and less cancer?

Ms. HAAS. I missed the first part of your question.

Senator CRAIG. Are there any scientific studies that show that low fat diets in children produce adults with low cholesterol, low heart disease, and less cancer?

Ms. HAAS. The dietary guidelines are based on the most extensive set of scientific and medical studies. I would also say that the Dietary Guidelines are not characterized as low fat. In fact, it is a consensus level of fat that would provide a healthy outcome. So I do not know, when you talk low fat diets, what level you are talking about, but the most important point is the Dietary Guidelines are based on the studies of the Surgeon General, the National Academy of Sciences, all who say that a diet of 30 percent of cal-

ories from fat is appropriate for children over the age of 2. That is supported by the American Academy of Pediatrics, the American Heart Association, all major medical associations, that it is for children over 2. And children who participate in the School Lunch Program have to be at least 5 or 6.

Senator CRAIG. I understand that, but are there any studies of children or is this the averaging of adult studies, an assumption made based on those studies? By professionals, that I cannot dispute.

Ms. HAAS. I do not know the——

Senator CRAIG. I think the answer is no.

Ms. HAAS. No, I believe that in order for them to come up with the recommendation that it be for diets for children over 2, they had to review information that was particular to children over 2. So that it does include references to children. In fact, as I said, the American Academy of Pediatrics, before they came up with their recommendation of 30 percent of calories from fat, which is their recommendation for children over 2, reviewed only data pertinent to children, not to adults.

Senator CRAIG. Well, we have tried to obtain those studies—I will admit to you that it was not an exhaustive effort—and we find they are not available. The reason I ask that as a base question is because it is my understanding that several years ago the Canadians initiated a 30 percent fat standard for children, and they have recently changed that standard to require no low fat diets be imposed until after linear growth has been achieved. And that is a very important part of nutrition for children.

Is that true?

Ms. HAAS. The Canadian study or the Canadian dietary guidelines recommend a diet for children, as well as adults, of 30 percent of calories from fat. Again, that is not a low fat standard.

Senator CRAIG. But did they not withdraw the mandatory standards of 30 percent for children?

Ms. HAAS. I have reviewed personally the Canadian report, which includes a reference to—a recommendation, not a reference, of 30 percent of calories from fat. I would be happy to submit that to the record.²¹

Senator CRAIG. If you would, because my information says that while that was once the standard, because of the linear growth concern in young people and how you get there through the necessary nutrients so that they had to place less emphasis on the 30 percent fat factor.

Ms. HAAS. They caution, in a reading of it, that it not be a radical change because babies under 2 have more fat. So you have that transitional time between 2 and the time a child goes to school. Again, the level of 30 percent of calories from fat was looked at as a moderate level, and one that they include in their report.

Senator CRAIG. OK. Well, if you could submit that, I would greatly appreciate it.

Ms. HAAS. Sure.

Senator CRAIG. Here are some statistics I would like to have you think about as I ask you the next set of questions. Ninety-

²¹The report that Ms. Haas makes reference is retained in Committee files.

eight percent of our school enrollment in Idaho involves 53 school districts; the rest, about 10 percent, are enrolled in 60 school districts. So well over half of my State's schools are very rural and very small.

Now, with that information in mind, here are some of our concerns that I think have to be addressed as you deal with the regulations.

First of all, that very point that I made, the ability to evaluate menus as it relates to meeting the standards, specifically they are asking this question: Would you please omit the weighted averages? We think it is too complicated for nearly 90 percent of our supervisors to grasp, even with computers to assist them. On our solid bar line and other lines with multiple choices, it would be extremely complicated to figure that kind of weightedness. If they used wrong figures, the data produced would be worse than useless.

Your reaction to that comment?

Ms. HAAS. There is a dilemma there that you want to bring people along, Senator Craig. The reason, which is spelled out in the preamble in the rule, is that weighted averages are there to give almost a "truth in labeling." You are giving accurate—

Senator CRAIG. Yes, well, I—

Ms. HAAS. Can I just finish?

Senator CRAIG. Sure. Please.

Ms. HAAS. Because if you served, for example, 250 pizzas and 50 chef's salads and maybe another 50 macaroni—not macaroni and cheese, but a pasta with vegetables on top; if you did not have a weighted average and you did not use the production records, you would have a very inaccurate portrayal of what is being served in that school lunch program. So you would have to weight it by what is being offered to the children.

We have to look at the comment period and study what we hear, but that was our best thinking of giving an accurate description.

We believe that through technical assistance we have help for those people who might find this difficult—but most who have been part of it in pilots and demonstrations have not found it difficult. We believe that we can teach that and provide the kind of technical assistance that is needed.

Senator CRAIG. Well, they are being very specific here. We are talking about proposals 110.10(k) and 110.10(k)(2) and (4). So if you would look at those, I would appreciate it.

Ms. HAAS. Sure.

Senator CRAIG. I was reading them up here this morning, and I think I can understand their frustration.

Our State department of education's registered dietitians have struggled for about a year now to develop a handful of menus acceptable to students. Key words.

Ms. HAAS. Right.

Senator CRAIG. Acceptable to students which contain 650 to 750 calories, of which 30 percent or fewer come from fat. We are not sure parameters being proposed are achievable, much less enforceable. It would be difficult for most Idaho school districts to develop a 6-week cycle of menus which meet all of the criteria they are proposing and are generally agreed to be food acceptable to students.

Now, our dietitians have been working for over a year to try to meet what you are suggesting here, and their conclusion at this moment is that they are not there at all, because they simply cannot produce good-tasting foods with your 30 percent fat.

Ms. HAAS. Well, again, we brought together a group of about 35 chefs, probably some of the best chefs in the country, who rolled up their sleeves, went into schools before they came to the roundtable, and then met with food service directors. Out of that—and there were about 15 food service directors—there was agreement on both sides that it could be done. But it means changing a lot of things.

One of the things that has been there has been a tremendous growth—in fact, one chef from here in Washington said he saw more reheating than he saw cooking going on. So one of the things we need to do is to change the profile of the products that are also being sold to schools.

There was a very interesting *Wall Street Journal* article a couple of weeks ago that talked about how the marketplace is changing, how companies are getting ready to change the products that they are offering in the schools. So we have had a history of schools that have been serving lunches of about 38 percent of calories from fat. Those are the products that were offered. But as I said, the commercial marketplace has available products that are good-tasting, that are selling like hot cakes. Those are the growth items for most manufacturers today, products that are healthier.

Senator CRAIG. In that regard, when you talk new product—

Ms. HAAS. Oh, there is one other point that I think is very important.

Senator CRAIG. Go ahead.

Ms. HAAS. Your schools, most likely, I am sure, have been doing it under the meal pattern. Our meal patterns today is so restrictive they have not been able to use a variety of foods that could be tasty.

For example, like rice and beans, the beans would not count the way that they could under a nutrient standard menu plan. So you may want to have low fat and adequate calories and use more pasta. I mean, there really is an opportunity here to have more variety, to have more flexibility, to really approach the planning in a very different way. And may I say, too, the commodity groups that I have met with have been doing educational initiatives themselves—Lunch Power by the Cattlemen, the Dairy Council—has done a lot of very good educational material. So that working together in partnership we can have the new ways of meeting the Dietary Guidelines in a way that also tastes good and increases participation.

Senator CRAIG. Your comment about how our dietitians in Idaho analyzed and tried to accomplish those menus may be valid. I do not know. I will ask that question. That is an important one. I will ask it of them.

One of my concerns when we talk about new trends and in more instances foods that have less fat, not always but in some instances we talk about foods that have been altered for that purpose. Your calculation of cost per meal is about 72 cents, I think.

Ms. HAAS. Right.

Senator CRAIG. Last year we calculated ours in Idaho at 80 cents, and some districts will be offering 33 percent more calories based on the guidelines. We really do believe that this will be more food and, therefore, more cost.

Now, last week in the hearings we did hear from dietitians who were very concerned about getting the calories in other ways than from fat, as has been the traditional balancing. And they talked about volumes. For example—and here is one of the questions that fits this pattern of concern; and you remember, early on, I talked about price sensitivity—We have to worry about that here; but we have also got to worry about that out there—in the balance of the Program—to be sure we provide the Program to the broadest number of people.

Their argument is that the calorie count is too high and will contribute to menus that get the calories through added bread. The students can only eat so much bread, and that is the concern with the 30 percent factor. Another way is to add cookies, lots of low fat, high-sugar cookies.

I do not know if you have seen young people with a lot of sugar in them. I think teachers will find them hanging off the walls. We have to be careful about that.

All fall within these proposed guidelines. We do not think calories should be over 750 per lunch, is their concern, and then the cost-driving factor on the other side of that, and in their analysis that is their frustration. Your response?

Ms. HAAS. Well, to begin with, on the calorie level, we are going to keep the calorie level that exists today, which is the RDA. So we are not addressing that.

I think you bring up a very important point about price, and that was one of the things that I was very concerned about very early on. We had Economic Research Service do a study using menus that met the guidelines and comparing them to currently available menus. And they found that you could deliver menu that met the Dietary Guidelines, 30 percent of calories from fat, at the same price as today. And that also means you are delivering the same number of calories. You can keep the calories, because what you are doing is making adjustments.

I used the examples earlier about using skim mozzarella on pizza. I used the example, again, today there has been a pilot of a 10 percent fat beef patty instead of the current beef patty, which is higher in fat, still using the kinds of foods that kids like. There are leaner products, leaner cheeses, all the way down the line.

So, I believe—and Economic Research Service has demonstrated—that, in fact, you can deliver the meals at the same price for food, and it is a question of adjusting.

We are not talking about radical changes here, Senator Craig. We are really talking about adjusting and reducing the fat levels and increasing the fruits and vegetables and grains.

Senator CRAIG. Well, I am not suggesting they are radical. I am only suggesting it through the eyes of the people who will have to implement them in Idaho.

Ms. HAAS. Right. And that is why—

Senator CRAIG. They are very frustrated because in small school districts you often do not have the benefit of scale, and your costs

can get higher in trying to meet these standards. And you just heard from me that half of my school districts fall into that category.

Ms. HAAS. Right. And that is why the assisted nutrient NuMenus system is so very important to us and why there will be the kind of technical assistance available, and certainly price is going to be one of the major components that everybody is going to want to know. And that is why a critical part of our proposal is maximizing resources, trying to get better values for the commodities. We have developed a pilot with the Department of Defense to purchase fruits and vegetables that would be at a lower cost because it is in the volume that the Department of Defense purchases. We have a cooperative agreement with them. So we are looking for ways to reduce costs in areas of increasing consumption, and fruits and vegetables is one of them.

Senator CRAIG. Thank you very much for your time.

Mr. Chairman, thank you.

Senator HARKIN. Thank you, Senator Craig. While you were questioning, I was going over this Canadian report, the report of the Joint Working Group of the Canadian Pediatric Society and Health Canada. I am not certain when it came out. Let me see. 1993. Obviously I just gave it a cursory reading here, but it seems like they are trying to have it both ways, too, in Canada.

On the one hand, the report states on page 11 "these findings"—I will not go into the findings—"illustrate the potential for low fat intakes to adversely affect the nutritional adequacy of the diet of children; and further the potential for low fat intakes resulting in inappropriate food patterns"—like you were talking about, high sugar, for example—"that compromise nutritional adequacy of the diets of children in the general population must be considered." Then they go on to say, "The total energy in children's diet should not be reduced when the diet is reduced in fat."

Senator CRAIG. That is the key to that energy machine we call a child, and his or her linear growth is how you get there.

Senator HARKIN. Well, they do say, "Providing adequate energy and nutrients to ensure growth and development remains the most important consideration in nutrition of children."

Senator CRAIG. Absolutely. And, you know, you get there through fat or you get there through other forms, and the balance I think is what we are talking about here, and the averages. That is a concern that is—

Senator HARKIN. Well, what makes it seem that they may be trying to have it both ways in Canada, maybe like we try to do here also, is that they say in their conclusions on page 12 that, "During the preschool and childhood years, nutritious food choices should not be eliminated or restricted because of fat content." And a little later, during early adolescence an energy intake adequate to sustain growth should be emphasized with a gradual lowering of fat intake. Once linear growth is stopped, fat intake as currently recommended is appropriate."

Then you read their recommendation on page 13, and the recommendation says "From the age of 2 to the end of linear growth, there should be a transition from the high fat diet of infancy to a

diet which includes no more than 30 percent of energy as fat and no more than 10 percent of energy as saturated fat."

Ms. HAAS. Mr. Chairman?

Senator HARKIN. It seems like they are trying to have it both ways, too.

Ms. HAAS. No. I really—

Senator CRAIG. I think they make their point, though, that we may risk missing here that worries me.

Senator HARKIN. The report continues, "During this transition, energy intake should be sufficient to achieve normal growth and development."

Senator CRAIG. That is the key.

Senator HARKIN. On the other hand, they say "Food patterns should emphasize variety and complex carbohydrates and include lower fat foods."

Ms. HAAS. Right. But the point is that a diet of 30 percent of calories from fat is the one that they recommended, which is consistent with the Dietary Guidelines for Americans for children over the age of 2, and that is not what is perceived as a diet that is low fat. There are many—Dr. Dean Ornish testified at our hearing in Los Angeles—who support guidelines of 10 percent of calories from fat. The American Heart Association talks about 20, 25 percent of calories from fat.

Senator CRAIG. For children?

Ms. HAAS. I believe. Is American Heart testifying today? Yes, you will hear from them.

So the point is that what we are talking about is not a diet of low fat. We are talking about what represents the scientific and medical consensus of the United States of America that for children over the age of 2—30 percent of calories from fat. And that is why I believe that the Canadian report is very consistent with the recommendations that Secretary Espy announced last week.

Senator CRAIG. Mr. Chairman?

Senator HARKIN. Go ahead.

Senator CRAIG. In that problem, we are talking averages in getting there, and when we try to skew down or tighten down so that each menu fits that pattern, and so, well, we just talked about our breakfasts out in Idaho where 20 percent of that is met already right in the breakfast, and if we get 10 percent in the lunch, does that frustrate the guidelines? How do we get there?

Ms. HAAS. That is exactly why, Senator Craig, we did not do dietary guidelines for a food. We did not do dietary guidelines for a meal. We did dietary guidelines over a week so that you do not get into that pigeonhole that you are talking about. This is a very realistic standard and one that gives flexibility, promotes variety, and moderation, but also ensures that children have a standard that will reduce heart disease and cancer risk.

Senator CRAIG. Well, my school program out in Idaho is strongly recommending allowing schools with breakfast to average lunch and breakfast to get there. And you are not allowing that, and that is a point I am trying to make as to where we need to get.

Ms. HAAS. They will have ample opportunity. I hope you will encourage them to comment, as we are encouraging everybody to comment.

Senator CRAIG. Oh, they will. Certainly. Thank you.

Ms. HAAS. That is why we have a 90-day comment period.

Senator CRAIG. Thank you, Mr. Chairman.

Senator HARKIN. Thank you. I must express some concern also. I understand the weekly average concept, but I have a concern about what happens if you have 1 day where it is a high fat day and another day that it is a low fat day, kids eat lunch on the high fat days and they do not eat it on the low fat days. Can you assure me that that would not happen?

Ms. HAAS. I cannot assure you any more that they are going to eat on 1 day than the next day because, as I mentioned, we have had declining participation, and we only have 54 percent participating today. It has dropped 1 percent every year. So we have got to develop a program that is based on customer appeal and that promotes the health of children, and that I would say that our chances are better, Senator Harkin, of not having declining participation.

Senator HARKIN. Has any study been done, any survey been taken to find out why kids are dropping out of the School Lunch Program? Can you tell me why it has gone down to 54 percent? Any polling, any data?

Ms. HAAS. I think that there has been. There are so many multiple reasons. I think some of it certainly related to price early on. I think a lot of it is because of appeal and taste, in my talking to children. A lot of it is concern about health. That is why we had so many comments.

The majority of our comments came from the general public and from parents and children, students, and those were the comments that encouraged us to make the change that we have proposed. So there is a great public interest out there. We want to respond to that interest, because our customers are the children of the United States, and we have got to find a better way of reaching them.

Senator HARKIN. Do we know—are there any studies that you know of—that would show by income group whether the kids who are dropping out of the School Lunch Program are low-income kids or higher-income kids?

Ms. HAAS. They tend to be higher-income.

Senator HARKIN. That is right. They tend to be the higher-income kids who drop out.

Senator CRAIG. And they pay for the others.

Senator HARKIN. They do pay for the others, but then—

Senator CRAIG. That is the problem.

Senator HARKIN. But then what happens? Where do they go?

Ms. HAAS. Well, there is a great deal of change going on in schools—

Senator HARKIN. I just asked—

Ms. HAAS. Where do they go?

Senator HARKIN. Yes.

Ms. HAAS. Well, that is why I wanted you to know about the change that is going on. The change that is going on is we are moving away from open campuses in high school. Where the children can get in their car and go somewhere. Because of violence and crime, more schools now are moving to what is called a closed campus, and this is why it is so critically important that the Depart-

ment of Agriculture work with the Department of Education in making these changes.

When I went over to the Department of Education the first month I was at USDA, they said this was the first time that anyone from Agriculture has come over to talk to them about the nutrition in this program. And they could not remember the career staff people. So we are working with them to find out where these reasons lie and to make those changes.

Senator HARKIN. Well, during this period of time that it has gone down, has there been an increase in a la carte sales in our schools?

Ms. HAAS. I do not know that.

Senator HARKIN. Well, our data says there has been, that the a la carte sales are going up. That is where the kids are going, and they are getting their nachos and cheese and a slice of pizza or their bacon cheeseburger.

Ms. HAAS. Again, our responsibility and our authority lies with the fact of the reimbursable meal. I think by public attention there is a great deal more that we can do and that we will do as we begin a nutrition education campaign. That is why the Making Food Choices section is very important in our initiative.

Senator HARKIN. Well, we are going to be reauthorizing these programs, and I want to take a look at this whole idea of the a la carte lines and what is happening there. I would welcome your input on that.

Ms. HAAS. Good.

Senator HARKIN. Let me just say a couple more things. I agree with you; I do not think we are doing a good enough job in terms of nutrition education for our kids. However, again, local school districts run the schools. We do not. And we should not. But there ought to be incentives that we can give to local school districts to implement programs in nutrition education beginning in kindergarten. I do not mean high school. I mean beginning in kindergarten.

What I would like to see from your Department, from the Department of Agriculture, are recommendations, maybe jointly with the Department of Education, as to what kind of incentive programs through the School Lunch Program or the School Breakfast Program we can give to school districts, local school districts, to encourage them to offer courses in nutrition education beginning in kindergarten.

Ms. HAAS. We have already begun working on that with the Department of Education. We have had several meetings with them. Secretary Riley attended a lunch with me just 2 weeks ago. I would hope that when I come back again—next year?—that we can share with you the development in that area.

Senator HARKIN. Next year. OK, fine. I would hope that it might be a little sooner than that.

Ms. HAAS. Next month.

Senator HARKIN. I said I was going to ask a question about calcium. NIH, as you know, has come out with a study saying that kids are woefully deficient in calcium, and so is the general population as a whole. We know where we get a lot of calcium, and that is from milk.

Now, I have a couple of thoughts on this. I have been concerned for some time that we have a mandatory requirement that every school that serves school lunch must offer whole milk. Now, most of them do offer low fat and non-fat milk now, and I think you are seeing more kids choosing them. I was just telling my staff, Senator Craig, I remember almost 20 years ago when I served on a comparable committee on the House side at the time, talking about school lunch programs. I think it was in the late 1970's, and I said at the time that what we ought to do is offer milk shakes to kids in schools.

Senator CRAIG. I would offer all the dairy products.

Senator HARKIN. And they can use low fat milk or low fat ice cream if they want, make chocolate, cherry, fruit milk shakes, and they can have them free. Just give it to them. They get their calcium, and they get some fat intake, too, at the same time.

That has been almost 20 years ago I said that we ought to do that, and I still think we ought to do it. You know, just offer milk shakes. You could even have them for a snack in the morning. Better that kids do that than go to those machines that they have in schools now and put in their 50 cents and get a candy bar or something like that or a soda.

I will bet you if you did that, I will bet you kids would drink those milk shakes, too, and it would be healthy. You could factor that into your whole fat content.

Now, lest anyone thinks I am saying that because Iowa is a big dairy State, we are not a big dairy State at all. It is not that big a factor with me. I just see this as one way of providing a healthy and nutritious food that kids like and will consume and will answer the calcium problem, plus some of the fat and energy problem at the same time. What say you?

Ms. HAAS. Well, let me say that the one area in our school nutrition dietary assessment, the major 2½ year study that we did, there were not deficiencies shown overall for children in calcium intake. In fact, because of the requirements for milk, that was an group where we were delivering the kinds of calcium the children needed, except perhaps at times for young adolescent girls, the only area where that might have been questionable.

This proposal maintains that approach that milk is an integral part, it is a nutritionally unequivalent product, it is essential to a child's diet. With the old rigid standard, the meal pattern, certain dairy products like yogurt could not be a part of the School Lunch Program.

Senator HARKIN. That is right.

Ms. HAAS. A lot of young people, particularly teenagers, love yogurt, love it as a dessert, like it as part of the meal. It would not count in the previous system. Under the NuMenus system where you are counting all nutrients, there is an opportunity for more variety in product, and there could be an increased consumption. There is very likely to be an increase because it was kept out before. So I think our objectives are shared with you, and I do not know about milk shakes. I know I love them. So if they are low fat, the idea of milk shakes, again, it is up to the school district. We are not mandating how school districts serve food. We are giving the standards that they meet. We are going to give them as

much technical assistance and training to do it in a way that is appealing to kids, and I know that milk shakes are an appealing food. But we cannot mandate that.

Senator HARKIN. Well, I know you cannot mandate it, but, again, because of the deficiency in calcium that was just reported by NIH, I would think, again, there could be incentives that could be built in. I am not calling for a mandate of such things.

Ms. HAAS. But there is an incentive in the NuMenus system for more variety, and I know in the marketplace today there are all kinds of low fat dairy products that are available that are coming on the market, and there is a great opportunity to have those in the schools.

Senator HARKIN. Certain processed foods are commodities that are made available by USDA to schools. They do not just come off the farm. They go through processing.

Ms. HAAS. Right.

Senator HARKIN. Is ice cream one of those?

Ms. HAAS. No, we do not provide that.

Senator HARKIN. Why don't we list ice cream as one of those commodities?

Ms. HAAS. I will have to look into that.

Senator HARKIN. Well, I have been trying to do this for 18 years now. Now that you are in charge, let's take a look at that. If we can have cheese as a commodity and other processed meat products, and so forth, I do not know why you could not have ice cream as a commodity. It does not have to be whole fat. You can make it low fat. You can make it yogurt. If you want to make yogurt, make yogurt a commodity.

Ms. HAAS. Well, the approach of the commodity program really is to be as close to the raw product as possible. Ice cream has other ingredients in it, oftentimes, and it moves away. This is again where we have the Commodity Improvement Council, and through the three agencies, we are looking at improving the nutritional profile of commodities while supporting agricultural markets. It is a perfect thing to take up and consider.

Senator HARKIN. Well, good. I hope you consider it. Let's look at it.

Anything else, Senator Craig?

Senator CRAIG. No. I am sitting here thinking. We could not use ketchup as a vegetable during the Reagan era, but you are calculating ketchup in the calorie intake, which is a very high, a lot of sugar in it, in the Clinton era. Why don't we just eliminate ketchup altogether? Then neither of us would have a dispute about it.

Ms. HAAS. Now, how many kids—

Senator HARKIN. I happen to like ketchup.

[Laughter.]

Ms. HAAS. Do you really want me to answer that?

[Laughter.]

Senator CRAIG. No. I think I was just factoring that in as a closing note.

Ms. HAAS. I will stay away from that.

Senator CRAIG. All right. Thank you.

Senator HARKIN. Ms. Haas, thank you very much. I look forward to working with you.

Ms. HAAS. Thank you very much.

Senator HARKIN. Now we go to our panel. I would like to call Ms. Elizabeth Hanna, Director of Food Services, West Des Moines Community School District in West Des Moines, Iowa; Ms. Dorothy Wood, Food Service Director of the Anamosa Community Schools in Anamosa, Iowa; Ms. Elizabeth Johnson, Manager of Food Policy for the National Cattlemen's Association; Dr. Allen Rosenfeld, PhD, Nancy Chapman, American Heart Association; and Dr. Michael Jacobson, Executive Director for Center for Science in the Public Interest.

We welcome you all to the subcommittee. We thank some of you for coming a long distance and thank all of you for your interest and leadership in the area of childhood nutrition and especially as it pertains to the school food service program.

Again, as with Ms. Haas, your statements will be made a part of the record in their entirety. If you would, please, summarize those statements, I would be most appreciative. I always say to the panelists that if you can just focus on what you think I or my Colleagues who are here ought to take away from you, what is the most important thing you think we ought to consider as we move into the reauthorization of the nutrition programs, that is most effective.

With that, I will start with Ms. Hanna, and I will just work from my left to my right, your right to your left, with your statements. I will withhold any questioning until we finish all of the statements.

Ms. Hanna, again, welcome to the committee, and please proceed.

STATEMENT OF ELIZABETH HANNA, DIRECTOR OF FOOD SERVICES, WEST DES MOINES COMMUNITY SCHOOL DISTRICT, WEST DES MOINES, IOWA

Ms. HANNA. Thank you. Mr. Chairman, Members of the committee, I am delighted to represent the West Des Moines Community School District and the Iowa School Food Service Association here today. I am Elizabeth Hanna, director of the Food Service Program for the school district. I am a registered licensed dietitian with a master's degree in food service management. I would especially like to thank the committee and especially Senator Harkin for inviting me to share my views regarding the proposed regulation changes for the Child Nutrition Program to be implemented by 1998.

I would like to enter my statement into the record, and I would at this point in time like to deviate from the written comments to answer the questions that you and the other committee members asked of our last panelist. So bear with me as I punt.

Senator HARKIN. Go right ahead.

Ms. HANNA. First of all, I would like to comment that I am extremely pleased that the Department of Agriculture is trying to improve the nutritional quality of meals. The current meal pattern is restrictive when we try to meet the students' needs. I find it very hard. Our high fat items are generally our meat products, and it

would be a lot easier some days to limit the amount of meat that we are serving, increase our carbohydrates where we can also get protein, but also get the complex carbohydrates that they need in our breads and our pastas. It would make it a lot more flexible.

There are a lot of concerns I have with that. Even being a registered dietitian, doing nutritional analysis on a regular basis is time-consuming. It is complicated, and the biggest concern I have in the regulations right now is the fact that we are not averaging breakfast and lunch together. The regulations, the Dietary Guidelines say that we are supposed to average our nutritional intake over a period of time. It does not say for a meal over a period of time. And our low fat breakfast, which generally we serve the fruits, the carbohydrates in the breads and the cereals, really does help augment what the children eat at lunch or after-school snacks or in the evening.

In Iowa, we have a State mandate that by 1999 we will have mandated breakfast programs in all of our public schools. So if in 1998 I have to start analyzing them separately, now I have to analyze two menus every single day over a period of time. And it is going to be very time-consuming and very restrictive.

Consequently, I am extremely pleased that we have 4 years to implement the new regulations. Being trained, it will be easier for me, but like some of the other States, we have a lot of very small school districts that do not have the expertise.

The USDA says that, well, we will give you the assisted NuMenus. Iowa tried writing a cycle menu several years ago, a 6-week-cycle menu, and we could implement it. It did not work even in the State of Iowa. How are they going to write an assisted menu that is going to work across the United States?

I do a considerable amount of nutrition education in my K-6 buildings. I have been into 75 percent of my classrooms teaching nutrition education. When I talked about what foods we should eat out of the vegetable group and I said collard greens, I am sorry, my students looked at me and said, "What?" I found one in all of them that even knew what I was talking about.

If we have to serve that, can you imagine what participation will be on that given day?

You also brought up the question about why are kids dropping out of the Program. You have to realize I am in an affluent area next to Des Moines, Iowa, so, consequently, I have well-educated parents who make a fair amount of money. I also have a small percentage of free and reduced-price students. My free and reduced-price students only eat at about 75 percent on a given day. It is not the rich kids that are also not eating. It is the poor kids that are not eating. Why, you ask? Because their friends are not eating. They are bringing something from home.

You say that we can offer healthy meals. Yes, we can offer healthy meals, but that does not mean the students are going to come eat them. We have captive, closed campus buildings.

Senator HARKIN. You have closed your campus?

Ms. HANNA. I have closed-campus buildings, even at my high school. My high school has the following choices every single day. They can eat a healthy school lunch. They can eat our a la carte program—and, by the way, we do watch the Dietary Guidelines in

our a la carte program. Most of the items that we serve in our a la carte program are also served on our school lunch menus. But they can eat out of the vending machines that I have no control over. They can choose not to eat. Or they can bring a bag lunch from home. And I do not have any control over it.

Senator HARKIN. I was going to say—I was not going to ask any questions, and I am sorry to intervene here. Vending machines have to be locked for what period of time?

Ms. HANNA. I think there are some regulations, but it is only if they are in the cafeteria. Mine are two steps outside the cafeteria.

Senator HARKIN. And they are open all the time?

Ms. HANNA. Yes. And it is real hard. There are the days that the pop machine timer just does not work, so they can always get pop on some days. It is a real issue. It is a money making issue when you look at those vending machines for our school districts, because that is what runs the activity department.

I think it is great that they are trying to do something, and I am excited. In fact, I was one of the school districts that applied to be a pilot study. I was not chosen. And that is fine. I will still try to implement it as soon as possible in working with it. But it is not going to be easy to do this.

The biggest concern I have, Senator Harkin, is management companies. There is one management company as we speak receiving the training on the nutrient-based menu planning. They will be able to take that back, hand it to the corporate office. The corporate office will be able to go plan all of the things that they have, and before I ever get the regs in my hands and the data base in my hands, this management company is going to have a video on my superintendent's doorstep saying I will take over your school food service program for you.

Now, you know, are we concerned about that? I am. Yes, it is my job that I am concerned about, but at the same time I am concerned because management companies are there to make a profit. I am a nonprofit organization who works very hard to offer the best quality, best nutritious meal I can at a price that my students can afford. And management companies on the front end are going to take somewhere between \$25,000 and \$50,000 off for their profit. And they are just going to take it back to corporate with them.

I could do a lot of things with that \$50,000.

We have come a long way, and we do need changes, and I do appreciate the opportunity to comment on this. I guess I have some very strong concerns about nutrition, what we serve the kids. The thing that I would like to remind you is I can put all the nutritious items that you want in front of a student—and I do. I would encourage you to come to my schools and eat with us someday. The junior high's have training tables; we have salad bar every day; we have fresh fruits and vegetables. On the other hand, because I put them out there does not mean that the students will eat it. It may go on their plate, but that does not mean they will eat it.

The majority of the time, the bowl of fresh fruit—that is put out in the beginning—is still there at the end of the lunch period. It does not matter which food I sent to them. The same thing happens with food that comes in brown bags from home. I have seen water-

melon thrown away, in December, in Iowa—and you know that was expensive.

So, in conclusion, I want to thank you. I think the new regulations are a step in the right direction. I have real concerns about how we are going to implement them, and what is going to happen to the small rural school districts that do not have somebody who is trained to be able to help them. It is going to be a major issue.

Ellen Haas talked about our State department. We have one retiring dietitian on the State department staff.

Thank you.

Senator HARKIN. Thank you, Ms. Hanna.

Ms. Dorothy Wood, Food Service Director for the Anamosa Community School District, a smaller school district in Iowa.

STATEMENT OF M. DOROTHY WOOD, FOOD SERVICE DIRECTOR, ANAMOSA COMMUNITY SCHOOLS, ANAMOSA, IOWA

Ms. WOOD. Mr. Chairman, and Members of the committee, I am Dorothy Wood, Food Service Director for the Anamosa Community School District, Anamosa, Iowa, and legislative chair for the Iowa School Food Service Association and its 1,100 members.

I am happy to be here today. The Iowa Food Service Association is very proud of our Senator and appreciate the support you have given us on child nutrition issues.

I have had only a preliminary look at the proposed rules for the national school lunch/breakfast programs and meal planning based on nutrient standard menu planning. My initial observations and concerns are, number one, it scares me. I understand thoroughly meal components. However, nutrient analysis is a foreign word.

I am not a registered dietitian. I started out as a cook in our school district, and then was hired as a director. The majority of my training comes from seminars, workshops sponsored by the American School Food Service Association, our Iowa association and our Grant Wood Area Education Agency. Since I have an office staff of one, which is me, how am I going to get all the paperwork completed? I barely can get it done now.

How can I develop nutrient based menus, if I have to look to someone else for expertise, while many of my students lose many of their food preferences? If I have to use USDA developed menus, will my students accept them? The State of Iowa, as Beth mentioned, with all of their expertise from Iowa State University, developed this 5-week cycle menu. I found it impossible to use, because my students did not like the choices. If generic menus do not work in Iowa, how will USDA develop acceptable menus to be used by all States?

I am not computerized, and at this point do not know hardware from software. How will I be able to analyze menus every week for four different age groups and two different meals? If I can be trained, will I in turn be able to train my staff, and by that I mean the cooks who work under me, the administrators, the teachers, the students and the parents?

I personally appreciate the delay until July 1 of 1998 to implement these changes, and hope that the nutrition education and technical assistance will be provided to help us reach this goal.

I care deeply for the students in my district and their nutritional needs, and am committed to helping them meet the Dietary Guidelines, as is our State and national association.

I thank you very much for the opportunity to be here and will try to answer any questions you may have.

Senator HARKIN. Thank you very much, Ms. Wood.

Now we turn to Elizabeth Johnson, Manager of Food Policy for the National Cattlemen's Association. I understand you are here representing the Commodity Distribution Coalition.

STATEMENT OF ELIZABETH K. JOHNSON, M.S., R.D., MANAGER OF FOOD POLICY, NATIONAL CATTLEMEN'S ASSOCIATION, ON BEHALF OF THE COMMODITY DISTRIBUTION COALITION, WASHINGTON, DC.

Ms. JOHNSON. That is right.

Mr. Chairman, and Members of the committee, my name is Beth Johnson, and I am employee of the National Cattlemen's Association. I am speaking to you today as a registered dietitian and as a representative of the Commodity Distribution Coalition.

The Commodity Distribution Coalition is an informal group of agricultural associations that are strongly supportive of the U.S. Department of Agriculture's commodity distribution program. We appreciate the opportunity to comment today on the national school lunch and school breakfast programs and in support of the Department of Agriculture's commodity distribution program and its important role in the national school lunch and school breakfast programs.

Because food production is an integral part of nutrition policy, policy changes in the school meal programs are of great interest to the Commodity Distribution Coalition. The coalition would like to congratulate Chairman Leahy and Chairman Harkin and Members of the committee for their leadership in reauthorizing the Child Nutrition Act, and for the committee's longstanding support of the commodity distribution which benefits our Nation's children.

The national school lunch program, one of the Programs which benefits from the commodity distribution program, makes an important contribution to nearly 25 million school-age children. The program was initiated to safeguard the health and well-being of our Nation's children and to encourage the domestic consumption of nutritious agricultural commodities and other foods.

We believe that the original intent and mission continue to be valid today. Although children from middle- and upper-income families are likely to receive nutritious meals before and after school, children from lower-income families may receive only one meal each day, the school lunch. For these children, it is especially important for the school lunch to provide foods that meet the nutritional need for adequate growth and development, as well as reduce the risk of chronic disease.

The dietary guidelines continue to provide valuable advice on what Americans should eat to stay healthy, and we commend the United States Department of Agriculture for their attention to childhood nutrition. The department's application of the Dietary Guidelines over a 1-week period allows more flexibility for the schools.

Nutrition deficiencies still occur, however. Iron deficiency is still the most common single nutrient deficiency in the United States. The consequences of iron deficiency include impaired work and intellectual performance, behavior abnormalities, decreased resistance to infection and increased susceptibility to lead poisoning. These consequences may become evident even before clinical indications of iron deficiency occur.

However, iron is not the only nutrient of concern for our children. Deficiencies of zinc, calcium and B vitamins can also lead to serious developmental consequences. As a result, the USDA's recently released school nutrition and dietary assessment studies showed that all of these nutrients are often found to be low in the diets of children and, thus, need to be closely monitored.

Although USDA will be monitoring calcium, iron, vitamin A and vitamin C, they will not be monitoring zinc and the B vitamin intake. This is a great concern, as these nutrients also play significant roles in the growth and development of children.

Many foods provided by the commodity distribution program are key contributors of these nutrients and are provided to the schools at very low cost. Of course, not all foods are created equal. For example, lean meat is an excellent source of iron and zinc, but a poor source of calcium. Yogurt, on the other hand, is an excellent source of calcium, but a poor source of iron and zinc. Providing a well-balanced variety of foods allows the dietary recommendations to be met and eliminates the need for additional enrichment or fortification of foods.

Nutrient interactions are also a key consideration in planning a well-balanced diet. Simply adding these nutrients to a food to meet dietary recommendations does not insure adequate absorption to meet nutritional needs.

In addition to nutrient concerns, the efforts to improve children's health must also take into consideration such issues as pesticide residues. The Commodity Distribution Coalition has reservations about a provision in S. 1614 that requires the Secretary of Agriculture to develop and carry out procedures and policies to encourage State educational agencies to provide increased opportunities for schools to obtain organic foods. This mandate may be premature, because there is no Federal definition for organic.

In addition, research does not support the assumption that organically produced products result in more nutritious or healthier products. In that regard, I am submitting a study from Colorado State University outlining this information for the record.²²

Although the coalition does not officially oppose organic production, it seems premature to spend up to \$2 million each year to purchase products that have not been proven to add to the health of our children.

As attention has centered on the nutrition negatives in the National School Lunch Program, the commodities purchased by USDA have been criticized for too much fat, too little fiber, too little vitamin A and vitamin C. Very little media attention has focused on the improvements in the School Lunch Program.

²² Retained in Committee files.

For example, 44 percent of school students can select at least one national school lunch program that provides 30 percent or less calories from fat. From a commodity standpoint, meat producers have greatly lowered the amount of fat associated with their products. There is an ever-increasing variety of low fat poultry products available to the schools. Children are offered a variety of milk and other dairy products that respond children's taste demands and easily fit into a low fat diet. And farmers in all sectors are working to reduce pesticide levels.

This is not to say that improvements cannot be continued to be made. As USDA pointed out in its proposal on the school lunch and breakfast programs, positive reinforcement encourages everyone to forge ahead.

Education is also a key component to better health and nutrition. The opportunity is great for nutritional professionals within USDA, as well as public and private partnerships, to provide positive, scientifically sound education for our Nation's school children.

Members of the Commodity Distribution Coalition have been leaders in providing scientifically valid nutrition education materials for our Nation's school children. We plan to continue in this role and hope to have a seat at the table when USDA develops and implements the nutrition objectives and materials.

In summary, Mr. Chairman, the Commodity Distribution Coalition supports the following: A strong commodity distribution program that provides nutritious foods in a cost-effective manner, school feeding programs that provide foods that meet the nutritional needs of children for adequate growth and development, especially those children from low income families. And preference must be given to offer foods in the National School Lunch Program that are natural sources of vitamins and minerals or have had vitamins added to aid in the absorption of these naturally occurring nutrients, rather than those who have a primary nutrient content or fortification.

The Commodity Distribution Coalition questions the need to spend additional funds on organic products which have not been proven to add to the health of our children.

We are proud of the fact that America's agricultural abundance has been used to help our Nation's school children. Producers of all commodities have worked to improve and provide more nutritious foods to the general public and to the School Lunch Program. These advances, as well as changes in the preparation of foods for the School Lunch Program, can help meet the nutritional goals of children, while efficiently providing foods that children will like and will eat.

Again, thank you for this opportunity to present our views on these important issues. I will entertain any questions you might have.

Senator HARKIN. Thank you very much, Ms. Johnson. I was just making some notes and comments. I appreciate it very much.

Now Dr. Allen Rosenfeld. We thank you for being here, and you are here representing Public Voice for Food and Health Policy.

**STATEMENT OF ALLEN ROSENFELD, PUBLIC VOICE FOR FOOD
AND HEALTH POLICY, WASHINGTON, DC.**

Dr. ROSENFELD. Thank you, Mr. Chairman.

My name is Allen Rosenfeld, and I am Director of Government Affairs for Public Voice for Food and Health Policy.

I want to thank you for inviting Public Voice to participate in this very timely and important hearing. We are now at a very critical juncture in the movement of this issue. Public Voice has been the leading consumer organization working on this issue for 5 years, and we have addressed the issue from a quantitative empirical research standpoint, as well as have addressed it on the advocacy and educational front.

I want to begin my remarks by congratulating the administration on its new proposal. The regulatory framework that they are trying to establish would mean a tremendous advantage for the health of our children. USDA's proposal creates a sound foundation for making the indispensable school breakfast/school lunch programs even better.

Public Voice is particularly pleased that USDA will implement nutrient-based meal planning, and that it has emphasized nutrition education, technical assistance and nutrition labeling in its new school meals strategy.

I would like to say a word especially about the nutrient-based meal planning, because it is going to remove an important barrier that is imposed by existing meal patterns and, as we see it, it will facilitate speedy compliance with the kinds of proposed regulations that we have seen so far from USDA.

While Public Voice is very supportive of USDA's new approach to school meals, however, significant improvements are necessary to fulfill the promise of the new regulations. I would like to mention just a few of the provisions that we would like to see added to the department's proposal when it comes to final rule.

First, school meals should meet all Federal dietary recommendations, not just the Federal dietary guidelines for fat and saturated fat. The department proposes to require that school meals meet those dietary guidelines which have laid out quantitative levels of fat and saturated fat intake that need to be met by Americans. The guidelines also recommend reducing cholesterol and sodium, and increasing fiber intake.

However, the proposed rule fails to set goals for these critical nutrients. There are widely accepted recommended levels of these nutrients, reflecting state-of-the-art nutrition science that have been determined by the National Research Council and the National Cancer Institute. There is no public health reason that these levels should not be also incorporated into the regulations.

Second, schools should be required to meet the dietary recommendations by the 1995-1996 school year, as opposed to the 1998-99 school year. Many experts believe that schools can meet the Federal dietary recommendations long before 1998 and 1999, as proposed by USDA.

Last December, Public Voice and 11 organizations, including the American School Food Service Association, the Center for Science in the Public Interest and the American Heart Association, who are all represented on this panel today, wrote to Secretary Espy and

Assistant Secretary Haas urging them to "issue regulations as soon as possible requiring the schools meet Federal dietary recommendations by the 1995-96 school year." With your permission, Mr. Chairman, I would like to have this letter submitted for the record, if that is possible.

Senator HARKIN. Who is that letter from?

Dr. ROSENFELD. That is from 11 organizations, for example, Public Voice, American Cancer Society, American Dietetic Association, American Heart Association, American School Food Service Association, Center for Science in the Public Interest, Children's Defense Fund, Food Research Action Center, National Education Association, National PTA, and the Society for Nutrition Education.

Senator HARKIN. Without objection.

Dr. ROSENFELD. Thank you.

Third, USDA must ensure that school meat program requirements remain consistent with evolving Federal dietary recommendations.

For example, the U.S. Dietary Guidelines are set to be amended in 1995. Common sense and sound nutrition policy dictate that school meals should be required to meet these revised guidelines, and other future revisions, to reflect evolving nutrition and science, as well as our knowledge on those matters. Otherwise, the standards we are asking school meal providers to meet will quickly be out of date and the intent of the reforms will be undermined.

Fourth, USDA must set quantitative goals for changing the mix of commodities it distributee to the school meals programs. Far too much of USDA's spending on commodities for school meals still goes to high fat products. The pressure to distribute high fat commodities to schools continues to make it far more difficult for them to meet current dietary recommendations.

In the 1993-94 school year, for example, nearly 20 percent of the value of the USDA commodities distributed to the School Lunch Program and the School Breakfast Program were accounted for by butter and cheese, two commodities that are very high in fat. Meanwhile, despite some increases in fresh fruits and vegetables distributed by USDA to the School Lunch Program, they only accounted for about 1 percent of total USDA commodity expenditures for the Program.

Given this track record, we believe that in the final rule the department must set quantitative goals for reductions in high fat products and increases in lower fat meat and dairy products, fruits, vegetables, grains and legumes. Such goals are needed to ensure that the commodity distribution becomes a big part of the solution, rather than remains part of the problem. Surely, if USDA can require schools to meet dietary goals, it can subject its own commodity distribution program to similar discipline. That is why we are calling for quantitative goals.

I would also like to mention that Public Voice does share your concern, Mr. Chairman, about a la carte foods and other competitive foods in the school lunch arena. We are, therefore, recommending that the department ensure that all meals that compete with school meals, such as the a la carte, fast foods and others, vending machines, should promote the Federal dietary recommendations. And we think that USDA needs to answer some of those questions

that you posed to the Assistant Secretary, by doing some very expedient, quantitative and qualitative studies of fast foods and their impact not only of what kids are getting when they are in school, but their impact on their eating habits outside of school.

One of the concerns we have is if you have in the schools a la carte foods or competitive foods that actually do meet the dietary recommendations, kids then develop brand loyalty for those products, they will go outside the schools and go to the same restaurants, be it Pizza Hut or someone else, and find that they do not have the kind of lower fat foods that do meet the Dietary Guidelines. We need to know more about that kind of an issue, and so we are going to be pushing USDA to do this kind of a study.

In closing, Public Voice wants to commend you, Mr. Chairman and Senator Leahy and other Members of the committee for sponsoring S. 1614, the Better Nutrition and Health for Children Act of 1993. The bill offers a host of essential improvements that complement USDA's new proposed regulations. Taken together, the proposal, as well as the bill, will lead us down a road to a healthier future for children.

However, we believe the Congress must do more to make all of these changes permanent, so that the school breakfasts and lunches continue to promote the health and well-being of many generations of American children. Relevant provisions of the regulations, along with our own recommendations and the provisions in S. 1614, all need to be explicitly codified into law.

The Clinton administration has taken the first step. Their initiative is a bold one and it is an important one. However, the health of the Nation's youth is simply too important to be left to the whims of changing administrations and changing leadership. We need Congress to move on this.

Thank you.

Senator HARKIN. Thank you, Dr. Rosenfeld.

Now we turn to Nancy Chapman, on behalf of the American Heart Association.

Welcome.

STATEMENT OF NANCY CHAPMAN, MPH, R.D., AMERICAN HEART ASSOCIATION, WASHINGTON, DC.

Ms. CHAPMAN. Thank you, Senator Harkin.

I am here today as a volunteer. I have been with the American Heart Association for the past 15 years as a volunteer, and was formerly the Chairman of the Board for the Nation's Capital, an affiliate of the American Heart Association.

The American Heart Association wants to commend you, Senator Harkin, for your calling of this hearing today and also to acknowledge the years of commitment you have made to improving child nutrition, as well as other food assistance programs.

The leadership of Secretary Espy and Assistant Secretary Haas in recognizing the need to reform the national school meal program is also greatly appreciated.

Much progress has been made over the last decade in efforts to improve Americans' diets. Americans are continuing to become more health conscious about everything they do. But they need in-

formation, direct support from not only organizations like the American Heart Association, but also the Federal Government.

The programs and activities of the USDA and, in particular, school meal programs, are without question a critical component of the preventive health strategy. The American Heart Association is a voluntary health organization which has no special interest, except preventing cardiovascular disease in Americans. Its mission is straightforward. We want to reduce the disability and death of heart disease, including heart attack and stroke.

Each year, almost a million Americans die from cardiovascular disease, and heart attack and stroke are the number one and number three killers of Americans. The public education programs that the American Heart Association does, both its dietary recommendations and its education programs, are based on sound and current scientific evidence. The Heart Association convenes committees periodically to update the dietary recommendations based on consensus science.

The Heart Association supports USDA's efforts to change the Federal Government's policy to improve the nutritional composition of school meal programs. Diet is clearly one of the major risk factors of heart disease. This change can benefit the health of millions of American children, for know that cardiovascular disease begins in early life.

Let me divert just quickly from my testimony to comment, Senator Craig, on your question about the effects. I will submit for the record two types of studies. One of them is by the National Institute of Health called the CATCH study. I cannot remember exactly what the acronym is. It has been a study that has gone on for almost 5 or 6 years, and the intention there was to change school lunch programs and nutrition education in particular school districts to help make changes in children's cardiovascular health. The results I think then were reported. I know they were reported at the December hearing of the USDA's here in Washington, and I can make them available to you for the record.

Senator CRAIG. Please do.

Ms. CHAPMAN. Also, the Bogaloosa study is a long-term study on the intervention of young children. It recognized that that community had excessive problems with heart disease—and that was actually beginning to show up in high-cholesterols, and hypertension in children. Nutrition education, and changes in the school meal program, has been going on with quite good success.

I think the biggest concern here is to recognize that heart disease is not a disease just of adults. One in 15 adolescents and 1 in 12 children have hypertension. An estimated 36 percent of U.S. children and adolescents age 19 and under have cholesterol levels that are considered high for that particular age group. Almost 57 percent of children 13 to 17 are overweight, and that is another risk factor that predisposes them to heart disease, as well as others. Compared to other countries, U.S. children and teenagers have higher blood cholesterol and consume more high-cholesterol, high fat foods.

The American Heart Association, just for the record, does recommend a basic 30 percent fat, 10 percent saturated fat diet. I know that Ms. Haas suggested that we may be recommending a

lower fat diet than 30 percent. She is correct in terms of those who have an excessively high blood cholesterol or a cholesterol that does not respond to a diet that is at the 30 percent level. There is a recommendation to 25 and then to 20 percent.

The Heart Association does recognize that Americans do not eat nutrients, they eat foods. And I recognize and I acknowledge, particularly, Senator Craig, your concern that calories must be maintained, we must be maintaining all the nutrients. As Ms. Johnson said, we cannot forget the essential nutrients important to growth, and that has to be done in a number of intervention studies in schools. It has been shown that you can achieve the Dietary Guidelines and maintain those nutrient levels in school meals.

There are obstacles. I think we have heard from school food service people that there is as challenge out here. The American Heart Association has tried to meet that challenge by developing a specific program called the Hearty School Lunch Program, and it has designed a number of meals that are very flexible and menus that meet the Dietary Guidelines and, as far as we can tell, meet the recommendations that Ms. Haas has proposed.

I would like to make sure we can get you a copy of that program to share with your dieticians in your States. It might be a tool that they could use to meet the Dietary Guidelines. There is a computer program part of it, but you can also do it without a computer, and you can mix and match foods to make the menu meet the Dietary Guidelines. We will make one available to your school districts, as well.

The Heart Association looks forward to working with the USDA and with Congress to come up with a satisfying solution to protect the health of America's children.

Thank you.

Senator HARKIN. Thank you very much, Ms. Chapman.

Now we turn to Dr. Michael Jacobson, Executive Director of the Center for Science in the Public Interest.

STATEMENT OF MICHAEL F. JACOBSON, Ph.D., EXECUTIVE DIRECTOR, CENTER FOR SCIENCE IN THE PUBLIC INTEREST, WASHINGTON, DC.

Dr. JACOBSON. Thank you very much, Senator Harkin. Good morning. I should say good afternoon, as we have moved along.

The Center for Science in the Public Interest is supported by 750,000 members around the country. We have been concerned about child nutrition for 20 years. We are concerned both because the foods that kids are eating affect their health in childhood in the form of obesity and tooth decay, and also in adult years. Children's diets form eating habits that persist for their entire lives, ultimately, unfortunately, leading to high blood pressure, stroke, cancer and heart disease in too many Americans.

I would like to build a little on what Nancy Chapman and Allen Rosenfeld said. First, I would just like to address Senator Craig's comments about asking for studies on children. Nancy Chapman alluded to one study, the NIH-supported Bogaloo heart study, which was extremely important.

It correlated cholesterol levels in blood to the degree of heart disease that young people had, people 18, 20, 22 years old. Too many

of those young people died accidentally: traffic accidents, murders, whatever. The Bogalooosa study looked at their arteries and found correlations between cholesterol levels and the closure of the arteries. That is very important scientific evidence indicating that diets that young people are eating affect their health and ultimately will lead to heart disease.

Another kind of study was done 20 years ago and 40 years ago in the context of the Asian wars, first the Korean War and then the Vietnam War. Army surgeons did autopsies on Asian soldiers and American soldiers who died in combat. The Asian soldiers who had eaten very low fat diets had arteries that were clean as a whistle. American soldiers who grew up on hamburgers and hotdogs had arteries that had begun to be clogged already when they were roughly 20 years old. Those are some of the kinds of studies that indicate that diets in childhood clearly have important effects as children get older.

You also expressed concern about linear growth. That is not America's problem. Circumferential growth is America's problem. The circumferences of American children are getting larger and larger much more rapidly than linear growth is accelerating. Obesity is an enormous problem in this country, has been accelerating over the past 20 or 30 years and, as new information comes out from various government supported studies, like Hanes, I think that is going to show that this problem continued unabated and should be of great concern.

Too few calories is not most children's problem. In low income neighborhoods, it might be, but I think obesity is quite common in minority and low income areas, also.

Schools should be helping kids get better diets, and we applaud Assistant Secretary Haas' efforts to develop a comprehensive program of better foods and more nutrition education to get kids eating these healthier diets. I think USDA is really moving in the right direction, and this is long overdue.

We have several concerns. One is the implementation date. A 4-year delay is ridiculous. That is half the time it took to get to the moon in the 1960's. Food service directors are quite capable, and they should be able to develop a 6-week menu cycle that is nutritious in a shorter time period than 4 years, even in rural areas. And I am pleased that USDA is going to provide special assistance to school systems that need that extra help. I think that timetable could be moved up easily by at least 2 years.

We sympathize with the food service directors' plight of having to change their habits, but we are more concerned about children's arteries that year by year will continue to get clogged, year by year the kids will be forming eating habits that will disserve them as they grow older.

We also think that USDA should limit the sodium levels of food. USDA's survey showed that school meals were providing almost twice as much sodium as kids should be getting, as the nutrition label on USDA-overseen products would suggest, using 2,400 calories as a guidelines. We would like to see additional guidelines.

We share Senator Harkin's concern about the temptations that face kids when they get into schools, snacks bars, vending machines, a la carte lines, fast food restaurants. When we looked at

fast food restaurants in schools 5 years ago, there was just a scattering of them around the country, a few dozen. Taco Bell now has their products in 3,000 schools. Pizza Hut is either delivering pizza or has pizza stands in over 4,000 schools. That is 7,000 out of perhaps 30,000 high schools, a tremendous penetration that is skyrocketing.

The USDA has little or no authority to control those foods. We think Congress should provide USDA with the authority to control those foods or, at the very least, do what S. 1614 would do, provide model legislation for States, to help States control these so-called competitive foods.

Also, we urge the Senate to look at language in House legislation that would call on the General Accounting Office to do a study of the potential impact of fast foods, a la carte lines and vending machines on children's diets and also on the health of the National School Lunch Program.

We are especially concerned about soft drinks, a beverage that is devoid of vitamins and minerals, protein and fiber, that many kids will be drinking instead of milk. That is going to result in low calcium intakes that will ultimately lead to osteoporosis, as a recent NIH consensus panel concluded several weeks ago.

Also, in talking about milk, we would like to see the elimination of the whole milk requirement, so that schools are not forced to provide whole milk. The whole milk is obviously high in saturated fat, one of the major contributors of saturated fat in children's diets.

The commodities program, to echo Allen Rosenfeld's comment, should comply with the Dietary Guidelines. We did a survey last year and found that half the calories provided by commodities, if you mix them all together, half the calories come from fat. That does not help schools provide lower fat meals.

We think that the provision in S. 1614 to provide a little bit of money for organic foods makes a lot of sense. Growing foods organically will help farmers' health, first and foremost. It will help the health of the environment, encouraging farmers to use less pesticides. And, as the Environmental Protection Agency, the National Academy of Sciences and others recognize, some of the pesticides used on farms that end up in food in tiny amounts are carcinogens. Organically grown food is a little bit healthier for kids. Why not have the best for our children?

Let me just conclude by recognizing that this country is moving in a healthier direction. We greatly appreciate the committee holding this hearing looking into these important issues, trying to untangle some of the complexities, and I hope that S. 1614, and ultimately the Child Nutrition Act, will reflect these nutritional concerns.

Thank you so much.

Senator HARKIN. Thank you, Dr. Jacobson.

I thank you all for your statements. I see somewhat of a division here on terms of time lines and time frames.

Mr. Jacobson, have you ever run a school food service program?

Dr. JACOBSON. No, and I am not going to pass myself off as the expert on that issue.

Senator HARKIN. Dr. Rosenfeld, have you ever run a school food service program?

Dr. ROSENFELD. No.

Senator HARKIN. Thank you.

Ms. Hanna, have you ever run a school food service program?

Ms. HANNA. Yes, Sir.

Senator HARKIN. And have you, Ms. Wood?

Ms. WOOD. Yes, I have.

Senator HARKIN. You have said that you need the 4 years to make the changes. I asked the question earlier to Ms. Haas, perhaps more of a devil's advocate than anything, about why it would take 4 years. Witnesses here are testifying that it should not take so long. Please tell me why you need 4 years to implement the guidelines. You represent a large school district and a smaller school district.

Ms. HANNA. It probably will not take West Des Moines School District 4 years to implement the guidelines, in all honesty. I am computerized. I am working with a company that is developing those time frames. I am also the 9th largest school district in the State of Iowa, that is totally different from the school district that have 1,500 students or as few as 200 students. Those people, it is going to take extra training. Granted, to be able to get the information down to a—first of all, we are not going to have final regulations until spring.

Senator HARKIN. Well, she said maybe by the end of the year.

Ms. HANNA. Maybe by the end of the year or early spring, and then the State department is going to have to train or get the information, back to the School Food Service people. I am concerned about the School Food Service people doing it. I am concerned also about our students.

One of the things I would like to go back to is I can offer all of the nutritious meals I want to. I can lay it out there. I can give them their alternatives. But I cannot make the students take it, and I cannot make them eat it.

Let me give you one example of what happened. We tried to work on this. Our high school—and I will plead guilty—has French fries very comparable to McDonald's, to Hardee's or anybody else's French fries.

Senator CRAIG. As a potato producer, do not plead too guilty.

[Laughter.]

Ms. HANNA. By the way, I have worked with Ore-Ida and I do like their new French fries that are coming out that are lower in fat.

However, we thought we would be good nutritious conscious people and offer a training table that is a low fat, high-carbohydrate alternate, and we changed one of our four lines at our high school to this option. Now, you have to remember, one line is a salad bar, one line is now the training table, I have my regular school lunch line on it, and I have my a la carte line.

French fries are still on the a la carte line and they are still on the regular school food service line. I just took them off one line. After 3 days, I had the principals begging me to put the French fries back on the third line, because the lines were out of the cafe-

teria. The kids were standing in line for 30 minutes—they only had a 27.5 minute lunch period—to get their French fries.

I can educate, I can train, and I have been educating our students for the past 5 years in nutrition education classes. That does not mean that that is what they want. We work on it, we offer it, but they have other alternatives. They go some place else.

So what I am saying is that we have to educate not only our staff, but we have to educate the students to agree with us, what we think they should eat they want to eat. I have had students tell me I don't have to eat that at school, I eat it at home.

Ms. CHAPMAN. If I could comment just in terms of that, the American Heart Association's Hearty Lunch Program does include French fries, and it is a part of a blend and the meals over a week meet that particular guideline. So I think you have found ways to incorporate those kinds of foods in a plan that is—

Ms. HANNA. On a daily basis.

Ms. CHAPMAN. They have various different menus that they do not repeat. It is a cycle that allows you to blend it.

Senator HARKIN. Ms. Wood, you represent a smaller school. Ms. Hanna said they probably could in the larger school district move the guideline dates up. How about you? You have a smaller school district.

Ms. WOOD. Yes, and as I mentioned, I am not computerized. I do go to all the classes that I can. I do have the American Heart Association's menus. But we are still looking at local preferences. We are looking at implementing. I do not think personally that our State Food and Nutrition Bureau is ready to help us. As Beth mentioned, their only registered dietician is getting ready to retire, and I do not think they are going to have the expertise there to help.

I think my best bet is to stay good friends with Beth Hanna and say, Beth, what are you going to charge me for your menus, you've got them done, let's see if my kids will eat them. For me to develop on my own and have the time to do it is going to take a long time. I think that our State is not equipped to help the small districts.

Senator HARKIN. It is a problem and it is a question I have, about the smaller schools and how they can implement these guidelines in a shorter period of time.

Ms. WOOD. And I certainly am not saying that I do not want to, because I want to do whatever I can do to give my students the best meals that we can give them.

Dr. ROSENFELD. Mr. Chairman, if I could just interject and follow up very quickly on that, I realize I am just an ag economist and I do not have any firsthand experience. That is one reason why we brought together the panel of experts that we did that is reflected in the letter, which included the American School Food Service Association. That is the first observation. Obviously, there was as feeling there that we could do this.

I have got in front of me—and I will be happy to share this with you—an elementary lunch menu from September 1993, from Fairfax County Public Schools. They have lunches every day that are under 30 percent of calories from fat. Let me read some things that they have on there for entrees and extras: spaghetti with meat sauce, french bread, chicken nuggets with blueberry muffin, even whipped potato with gravy, Tater Tots, chicken filet on a bun, hot-

dog on a bun, barbecue rib on a bun, steak on a bun, steak n'cheese on a bun.

We are not talking about radical transformation in menus and we are not talking about radical transformation of kids' eating habits. I think there is an illusion here that we are going to create a complete reversal in the kind of things that kids are used to eating. We have to do it smart, and I think we can make the adjustments in a common sense way, by putting these kinds of foods that will still allow us to meet the Dietary Guidelines.

Ms. HANNA. Mr. Chairman, may I address that for just a second? Senator HARKIN. Yes.

Ms. HANNA. One of my concerns I guess would be the weighted average of what we prepare and what it is that we said—those menus are great, and I have those same items on my menus, and I would say, if I did them right as a menu, I would meet the 30 percent or could meet the 30 percent.

But if the children choose not to come eat on the low fat days and they come to eat on the high fat days, then my weighted average is over, so I now have a nightmare of balancing all of my ideas together.

Senator HARKIN. That is right.

Mr. HANNA. I think it is not that we do not want to and it is not that we cannot. I think what I am concerned about is that balancing act of how do we get the right combinations in a week's time frame, based on what we are going to produce.

Senator HARKIN. Ms. Hanna also testified about the problem of vending machines just outside the lunch room. That has always been a vexing problem to us, and I suppose we will try to address that again in our reauthorization bill.

Ms. Johnson, I thought you made some very good points, because the one thing we have to be concerned about is this balance. You pointed out, for example, that yogurt is high in calcium, but not iron and zinc. Meat is high in zinc, but low in calcium. We have to keep that in mind.

Another point you mentioned, and which I want to underscore is the tremendous progress that has been made by our meat producers in producing a product that is lower in fat. The pork chops I eat today are incredibly different from what I ate 10 or 15 years ago. The same with other meat products, incredibly different from what we ate just a few years ago, and completely different from what I ate as a kid. So our producers have been moving in that direction to leaner cuts of meat and meat products, and I think that ought to be emphasized.

I think there is still this misconception out there that meat is riddled with fat, and that is not the case, and I think we ought to keep making that point.

You also made a good point that provisions in the bill promote purchases of organic foods. However, there is not yet a Federal definition, in regulations, of what are organic foods. So, it is a problem to encourage buying without set standards in Federal law on what constitutes organic foods.

Ms. Johnson also mentioned something else that has concerned me for a long time, and that is the whole problem of plate waste. If you want to see what kids will eat, take a look at the plate

waste. Now, I have not been in your schools, but I have been in a lot of school food services facilities, and I think of that old teaching from childhood that throwing food away is a sin. I cannot believe the amount of food that is thrown away.

I have often said—and this is just a personal prejudice of mine—that perhaps kids get too much food. They go through those lines and they just put on the food and they can barely lift it. Of course, kids can only eat so much. I learned a long time ago, from my own kids, that if they were not eating right, keep cutting their portions down so that they will not feel that they are overwhelmed by what they have on their plates, and then they eat it and they might ask for more, and that is fine. I do not know who taught me that some years ago, but it worked.

I just wonder if we are not trying to put too much food on those plates for the kids sometimes, and they throw it away and they get a disrespect for food. I point that out, because I have seen too much of that waste.

Lastly, along with everyone else, you talked about education. We have to get better education to kids in our grade schools and a balanced approach. Dr. Rosenfeld, you testified about moving up the date for the school meals initiative. I think we covered that earlier—including problems of the small schools. You also talked about the quantitative goals for changing the mix of commodities.

Well, I understand that a lot of the money goes for commodities like butter and cheese, and a smaller amount goes for vegetables and fruits. However, there is a question of cost, is there not? If we go out and buy more vegetables and fruits, we will have to find the money to do so. That can be expensive. So, we have a problem there.

Ms. JOHNSON. Could I interrupt for one second?

Senator HARKIN. Yes.

Ms. JOHNSON. Also, as far as the commodity distribution program, that offers about—it depends for different schools—as much as 20 percent and less of the total food to the schools. So there is 80 percent of the food dollars that can be purchased, that the school can decide what to purchase.

Senator HARKIN. That is true. I would like to see more fruits and vegetables purchased, and I would welcome ideas on how we might accomplish that. We can make the purchases through food funds that are not supplied in the form of USDA commodities, but then, again, it costs money.

Dr. ROSENFELD. We obviously need to do that, as well, in that 80 percent, but we are spending anywhere from \$675 million to \$700 million a year in USDA commodities. We are not saying to kill the goose that lays the golden eggs. All we are suggesting is we need to do some reallocation of those resources. The money is there.

Also, with regard to the issue of dairy products, we are not saying stop putting dairy products into the Program. We know that it has to work in tandem with the Commodity Credit Corporation's processed dairy product buy-up program. That is part of Federal law. All we are saying is start to put the lower fat, the reduced fat, the light products in there. We even have a light butter now that

is 40 percent fat, instead of the 80 percent that is required in statute for regular butter.

One more thing, a clarification on the organic certification issue. The National Organic standards Board is about to make its recommendations to the Secretary of Agriculture. They will be going into rulemaking this summer. We expect that by the fall there will be a proposed rule that will be issued, and then there will be the comment period, and I would suspect by the beginning of next year we are going to have national standards for organic foods production.

Once again, \$2 million for organic, \$673 million for non-organic foods—it boggles the mind that people would complain that \$2 million out of \$675 million be allocated to promote a mode of production, as Michael Jacobson articulately stated, that is better for the environment, is better for the health of farmers and farm workers, and better for water quality, etc. It just does not make good common sense. The money again is there. It is a matter of commitment and political will.

Dr. JACOBSON. Can I just add a little to reinforce your thoughts along the line of educating kids, that it is extremely important. By the time kids are 5 years old, they have been brainwashed into a certain kind of diet, hamburgers and French fries, brainwashed by sheer availability and what the rest of us eat, and the advertising on children's television.

I think we need to do a lot more to get more information on the airwaves, better foods into restaurants. I do not think executives of fast food restaurants have ever been invited to the Senate to defend the kind of pathogenic foods that they are providing kids and encouraging them to eat.

One cheap vehicle for educating Americans, especially kids, would be to have a President's Council for Better Nutrition, analogous to the President's Council on Sports and Physical Fitness. It costs about \$1 million to \$2 million a year, but leverages a lot of private money to promote physical fitness on the one hand and a nutrition council could do the same for better health and nutrition.

Senator HARKIN. I appreciate that. I would just add that part of the problem is that our kids are not exercising enough, either, and we need to promote exercise in schools.

I have to close with this one little story. My mother-in-law was a school teacher before she retired, and they were concerned about kids, as I said, not eating their lunches. They would come to lunch and throw half their food away and they did not like the food, and all these problems we are hearing about—and this is 20 years ago. Then after lunch they would have their period to go out and play.

My mother-in-law said, you know, she suggested to the school board that what they ought to do is change that around, to have the play period first and then bring the kids in to eat. Guess what happened? They started eating all the food, because they would go out and they would exercise. They would run around and play ball, run around the school yard and burn up some energy and then come in and eat.

Yet, if kids sit in the classroom in the morning, and then go to lunch they are not hungry—and that was a problem. So, little

things like that sometimes—just using plain old common sense, sometimes—can go a long way.

I am sorry to take so much time, Senator Craig.

Senator CRAIG. Not at all, Mr. Chairman. Those are very important questions, and your last comment was right at the top of my notes.

Mr. Jacobson, one of the things that worries me, as it worries you, are those statistics out there about kids and their weight today and their obesity. Interestingly enough, they directly correspond with the inactivity of today's youth, as couch potatoes watching television. I would propose to you that if you took the same diets that kids eat today to the children of 1950, you would have a different youth. Our young people are not exercising. They are watching television, and you are sitting here telling me to feed them less or feed them differently and make them trimmer, when that is but one component.

My guess is that they were exercising at the level they ought to be—and I am a father of three very energetic healthy young adults who played soccer and exercised and ate everything in front of them—that the story would be different.

Dr. JACOBSON. I completely agree, exercise and diet go together.

Senator CRAIG. Nobody has said that here today.

Dr. JACOBSON. They are both extremely important.

Senator CRAIG. That is right.

Dr. JACOBSON. Now, this was not a hearing on exercise.

Senator CRAIG. No, but can you argue the levels of nutrition in relation to fat as a portion of that calorie blend to a fully active child versus an inactive child and accomplish the same thing? Will that child get the energy he or she needs, if they are soccer players and basketball players and energetic, versus the couch potato that many are? I do not know that.

Ms. CHAPMAN. Actually, energy that comes from a carbohydrate is easily accessible to the body in a physical activity. You know, that energy which is provided by fat is more likely to be stored and it takes a little more to break down to make that energy immediately available for the muscle action.

Senator CRAIG. However, the likelihood of the problems that we are talking about would be substantially less, would they not?

Ms. CHAPMAN. Well, the question is whether an athlete would do better with a higher fat diet than a lower fat diet. There has been a lot more research done on that, and what you again see is, when you look at the whole profile in terms of risks of heart disease, you cannot take out the physical activity, but heart disease exists in people who are physically active and who also have high fat diets.

Senator CRAIG. Yes.

Ms. CHAPMAN. I think that we have to recognize that the impact of diet on blood cholesterol is sort of one line, and then there is the effect that exercise has on the heart itself and developing collateral blood vessels. So physical activity is sort of an independent.

The other thing that is kind of interesting, if you look back really at true consumption patterns and you just took this kid back from here, took him back to the 1950's and the 1940's, if you look at the food consumptions in the 1940's, you would see a profile that is what we are kind of looking to achieve today. It was far higher in

fruits and vegetables and many foods from the base of the food pyramid. It was switched and it has kind of changed to where the fat content has increased over a number of years.

Senator CRAIG. The milk was whole and the meat was fat, or fatter, I should say.

Dr. JACOBSON. In 1910, Americans consumed about 30 percent of their calories in the form of fat. We ate four times as many fresh potatoes back then as we do now, potatoes in their entirety. We probably ate twice as much bread. So, historically, our diet has been lower in fat.

Back on the exercise, I think we definitely need solutions to this couch potato problem.

Senator CRAIG. Well, it is so important as a total part of this conversation as it relates to what we want for our children, that to exclude it would be appropriate.

Ms. CHAPMAN. I would think if you really look at a number of the nutrition education activities, not just AHA's, but the Programs that had been alluded to earlier from the Dairy Council, that come through the nutrition education and training program that is available, these are trying more and more to link the exercise as a part of the overall healthy lifestyle.

Senator CRAIG [presiding]. I happened to grow up in the clean plate crowd, and that produced in me a problem, a weight problem, and I know that I have only been able to begin to control it with exercise. I just cannot control it with diet alone. I have to incorporate the two to get any kind of balance at all, and I still struggle with that. I guess the best example is your own, and I think that is a factor, because I was raised by a mother who provided very well and cooked great big meals and expected me to eat it all.

The question of linear growth frustrates me a bit, Mr. Jacobson. We do have the problem of linear growth in our country today on the whole, because we have had an abundance of food and an abundance of energy producing food for our young people.

I spent a good deal of time in the Orient. When Western diets were introduced into the Orient, Asians got taller, and they are increasingly taller in their linear growth. You know, I was sitting here thinking about those autopsies you were talking about and mentally saying to myself, well, they did not have any trouble fitting the Oriental on the autopsy table. They were shorter.

Now, how do we make sure that we do not create a new diet pattern that discourages or frustrates linear growth, especially during those growth years, so that we get the optimum in linear growth and still produce a healthy child that has the blood vessels as clean as the Oriental who, by nature of their diet and not their race or their genetics, happen to be shorter?

Dr. JACOBSON. I do not know if there is any evidence of who is happier, tall people or short people, a jockey or a basketball player. So I do not know if there is an optimal or a—

Senator CRAIG. I am talking about optimal growth. I am not sure we ought to have a policy that promotes shortness in this country or tallness.

Dr. JACOBSON. I do not know what optimal growth is. But in the context of the School Lunch Program, to get back to reality, nobody is talking about cutting calories at all.

Senator CRAIG. But we are talking about—and this is what is frustrating these providers over here—do we produce it in sugars or do we produce it in fats or carbohydrates, and what is the balance and what is the blend for this very youthful person.

Dr. JACOBSON. I think our goal would be to get the most nutrients in roughly the same number of calories, and that means less fat and less sugar. I think many school systems are finding that they can provide healthier meals that would meet these dietary guidelines. As more school systems do that, there will be more models to copy, so they are going to share those menu plans, and, hopefully, USDA will be backing them up with assistance in case there are problems.

Senator CRAIG. How many of you live under the 30-percent rule today personally and with your families?

[A show of hands.]

Senator CRAIG. How many of you accomplish every meal at that rule?

[No response.]

You have got a problem here.

Dr. JACOBSON. There is no problem whatsoever, because USDA is not requiring that every meal be 30 percent or less. They are saying average it over a week, and that would allow some meals 35, at 55, 100 percent, just give them butter.

Senator CRAIG. And then the meal that is at zero for 20 percent to make the 100 percent nobody goes to.

Dr. JACOBSON. Well, that is part of their weighted average. The food service directors would have to offer meals that are not just nutritious, but tasty, and that may be a challenge, but in many schools kids are eating these foods.

Senator CRAIG. Well, it is a challenge, and I do not think we have figured out how to get them there or they figured it out, and they have been spending more than just the last 6 months looking at it. My State has spent well over a year at it, and with some very professional dieticians, and they have mixed and matched the menus and they have tried the menus and they have test-marketed them on the kids as it relates to the "yuk" factor, I guess. Some of them are working, but most of them are not, and they do not really have as many menus as they think they need to provide that variety of choice out there that competes. Until we lock our campuses down, our kids are mobile to go somewhere else to eat.

Ms. CHAPMAN. One of the things that I think is very important—we talked about nutrition education of children, but I think it was hinted at earlier—we cannot forget the importance of nutrition education for the parents. When children go to school, parents encourage their children to eat the meal or not. I think lots of schools have done some terrific things with sending menus home that are catchy and have brought parents in. I know the National PTA has been very involved in this and is committed to encouraging this movement, as well.

Dr. ROSENFELD. I would just add to that that, at Public Voice's Children and Nutrition Conference last week, we heard many stories, particularly from chefs and other food professionals who we

brought in to talk about the problems that exist with regards to giving kids the food that will meet the Dietary Guidelines and that they are going to want to really scarf-up, if you will, and not consider to be part of the "yuk" factor, and what we are finding is that if we can get kids involved in the planning, in the preparation, even to the extent in the Middle Eastern history type of class, to show them what chick-peas are and what tahini is, so they can make Middle Eastern dishes that would meet the Dietary Guidelines, such as humus.

That might be an exceptional example, but it is the kind of thing that we are finding that involvement of kids can generate interest in the meals and an interest in changing not only what they eat in school, but going home to their parents and saying, "Hey, mom, look what I learned about today, can you make this for me?" It becomes an openness and a willingness, when you engage the kids. Maybe part of the problem is we are imposing on the kids meals that have been planned by others, without getting them engaged, and that is partly where the nutrition education funding that USDA and the administration have been proposing comes in. We have got to get the kids involved at ground zero in this.

Senator CRAIG. Ms. Johnson?

Ms. JOHNSON. Another thing, you brought up a very good point in the fact that encouraging exercise allows a greater variety and more foods to be eaten. That provides more nutrients, but it also makes eating more fun.

One of the things with nutrition education, it has been very prohibitive, do not eat this and do not eat that, and that then follows into an example I was reading in USDA's proposal with nutrition education, of the misconceptions that are out there and how important it is to change those misconceptions.

It says many commenters also recommended that non-dairy alternatives be offered in place of milk, as dairy products are high in fat, cholesterol and protein, contain little iron and fiber, and not tolerated well by many children. That exemplifies some of the misinformation that is out there.

Senator CRAIG. So that is a politically biased statement. Those are simply not substantiated facts, because, as I think we have heard from everybody here, those industries are moving in a variety of ways to produce products that are much different and much more varied.

My wife and I just returned from Taiwan, and we visited a new supermarket there, a very glitzy supermarket. We went to their meat shelf and we went to their dairy shelf, and here was a whole line of liquid yogurts, five or six different flavors of liquid yogurt. You cannot buy it in this country. I am amazed, always amazed by that. It was a European approach, but our young people like yogurt today, and if they could buy a drinkable yogurt that was strawberry flavor or something else, we could meet those guidelines and it could be a relatively low fat product, and that kind of thing is coming.

I do not dispute what many of you are saying. And I do not mind nudging the curve to get us moving in the right direction or moving more rapidly in the right direction. The question is is it doable, does it make good sense, does it have a scientific base to it, and

are we going to be able to feed kids with the dollars we have got available. Those are pretty fundamental issues.

Ms. HANNA. I think I would agree with everything you are saying, and I do not think that the food service people have any problem. We really do want to meet the Dietary Guidelines with our meals.

Our problem is our students do not necessarily share our opinions, and one that I think the Americans school food service has suggested that we possibly do this would be through universal meals, where nobody pays for meals at schools. The schools are there. We would have an even keel of knowing approximately how many meals on a given day that we are going to have to serve, and we could balance them and we would have a better chance. When you give them the option of paying for a meal, they choose to go other places or do other things.

Senator CRAIG. I am sure that would be extremely desirable if we could get there.

Let me close this down and thank you all very much. I apologize both to Ms. Hanna and Ms. Wood that I was not here for your testimony. I did read it. I appreciate your frustration with small districts. About half of mine are small, of 500 or less students, and I want to make sure that they are still providing a good program and are not out of regulation. As I say, I do not mind pushing the curve. I think we always have to do that toward better nutrition, as we gain more knowledge in these areas, and I believe that is what we will accomplish here, as we move through the hearing process and develop the final regulations.

Thank you all very much for coming today.

The record of the hearing will be kept open for a week to accommodate additional input or information. Also, Ms. Chapman, if you would provide me with those studies, I would be extremely pleased. We are in search of those, and also for questions that may be submitted and answers required.

The subcommittee is adjourned.

[Whereupon, at 1:04 p.m., the subcommittee was adjourned.]

A P P E N D I X I V

Hon. Ellen Haas

It is a pleasure to be here to discuss USDA's vision for the future of the Nation's school meals programs.

Last week, Secretary Espy and I announced the Department's School Meals Initiative for Healthy Children, which includes a major regulatory proposal that would update the nutrition standards for our school meals programs. Together with the Child Nutrition legislation soon to be considered by this committee, the initiative makes historic changes to programs that affect the present and future health of our Nation's children.

In 1946, President Harry S. Truman established the National School Lunch Program which was defined then as "a measure of national security, to safeguard the health and well-being of the Nation's children."

The mandate hasn't changed, but the science of nutrition has.

. . . and we have not kept up.

Today, the National School Lunch Program provides meals each day to 25 million children, half of whom get the lunches free or at reduced price. The School Breakfast Program serves an additional 5 million breakfasts each day, with the great majority served either free or at reduced price. These meal programs have strong bipartisan support for their traditional role of providing access to food for American children. The changes USDA is proposing will ensure that our Nation's children will have healthier menus in school.

Our goal is a simple one—healthier children.

Improving the nutrition standards for our school meals so that they meet the Dietary Guidelines is our national health responsibility. There is a scientific consensus that diet is related to chronic disease. Lifelong eating habits are established by the age of 12, so we know that the meals we provide our children are a critical tool for shaping their adult health. Clearly, the food that we offer must be part of a nutritious diet.

We have a Federal policy on what makes a healthful diet. The USDA and the Department of Health and Human Services in 1980 established the Dietary Guidelines for Americans, which are based on sound science and updated every 5 years. The Guidelines are based on the best available scientific and medical knowledge. They have been widely endorsed by both the private sector and the general public. However, school meals are not in compliance with our own Federal policy on what constitutes a healthful diet. USDA studies document that children's diets are too high in fat, saturated fat, and sodium.

Indeed, last fall, a USDA study—the result of 3 years of research and analysis—found that school meals currently served do not meet the Dietary Guidelines for Americans.

The time has come for change. We must use contemporary scientific knowledge to ensure that all children have access to healthful meals at school—meals that meet the Dietary Guidelines.

The Department developed its School Meals Initiative for Healthy Children after an extensive consultative process with the public and private sectors. USDA spent a year listening to public comment on nutrition and school meals, and meeting with members of groups who hold a stake in the future of the Program and in the health of children.

On September 13, 1993, the Department published a FEDERAL REGISTER Notice asking the public to comment either in person or in writing on "Nutrition Objectives for School Meals." Four regional hearings focusing on the "Nutrition Objectives for School Meals" were sponsored by the Department. More than 350 people testified, and more than 2,000 sent written comments, representing a wide cross-section of the population.

The hearings were followed by in-depth consultations with representatives of a variety of interest groups. The meetings gave USDA the opportunity to refine school nutrition issues with all those who hold a stake in their future.

USDA's School Meals Initiative for Healthy Children is organized around a 4-point, comprehensive, integrated framework for action:

I. Eating for Health: Meeting the Dietary Guidelines

School meal nutrition standards will be updated and expanded to include the 1990 Dietary Guidelines for Americans with standards for fat and saturated fat as well as required nutrients. The current standards for essential vitamins, minerals and calories will remain, augmented by the quantified standards of 30 percent of calories from fat, 10 percent from saturated fat.

The current meal planning system which requires that certain types of foods be served in certain quantities will be replaced by NuMenus, or Assisted NuMenus—a more flexible, easy to use system that will allow schools to concentrate on serving a greater variety of foods.

NuMenus will use updated computer software and a national Nutrient Data Base developed by USDA to help food service professionals to plan and adjust school meals. NuMenus will remove the distinctions about which foods are served and focuses instead on total nutrients provided over the course of a week. The system will ensure that meals meet specific nutrition standards including key nutrients and recommended levels of fat and saturated fat.

For schools without the technological capacity to operate the NuMenus software, the Department will provide Assisted NuMenus: USDA-prepared menus and recipes, as well as analytical programs shared with other schools or State agencies.

USDA is already working to refine and perfect the procedures and software systems used to operate NuMenus through 34 demonstrations in school districts around the country.

Nationwide implementation of the updated new standards would be required by the 1998 school year. Compliance would be measured over a week, providing meal planners flexibility and expanding choice in designing menus. Compliance would be achieved with USDA technical assistance and corrective action, rather than through punitive sanctions. Actual penalties would only be imposed in the rare instance that a school refuses to comply or commits fraud.

II. Making Food Choices: Nutrition Education, Training and Technical Assistance

It is not enough to change the food on the tray. Customer satisfaction is an important principal of our proposal.

Children need to acquire a motive for healthy eating. So we will launch a national education and media campaign in the next school year directed at building children's skills in making healthful food choices. Training and technical assistance will be provided to school food service professionals to help implement the Dietary Guidelines and provide food that looks good and tastes good. The Department will continue to develop culturally and regionally diverse recipes. And chefs and other food industry professionals will work to maximize taste, appeal and presentation.

This dual initiative to educate children and assist program operators will influence both what foods schools offer and what foods children eat. Parent and teacher involvement will be actively encouraged.

III. Maximizing Resources: Getting the Best Value

Commodities provided to schools by USDA represent almost 20 percent of the food on a school cafeteria tray. As we change our school meals to promote the health of children, the integrity and continued improvement of USDA's commodity purchase programs is central to achieving our goals.

By marshalling available resources and strengthening partnerships with State and local cooperators, our School Meals Initiative for Healthy Children would stretch food dollars while improving the nutritional profile of commodities.

We will review commodity specifications to assure that levels of fat and sodium are reduced as much as possible, while still maintaining taste. The Department will continue to develop new products to provide schools with more flexibility in designing menus that meet the Dietary Guidelines. A new Commodity Improvement Council will increase coordination among FNS, AMS and ASCS; the three agencies within USDA responsible for purchasing commodities.

I am especially pleased to say that USDA will provide nutrition labeling on the commodity foods, including institutional packages, that go to schools. This requirement, consistent with FDA and FSIS requirements for commercially-available foods, will bring USDA-purchased commodities into conformity with other Federal labeling standards, and will help schools make knowledgeable choices and meet the updated nutrition standards.

We will also develop pilot projects linking schools with small-resource farmers, and publish a national directory of farmers markets.

IV. Managing for the Future: Streamlined Administration

Throughout the hearings and public comments, we heard a consistent call from school food service professionals to reduce the burden of paperwork and administrative tasks that consume their time.

We will reduce this burden, and allow food service professionals to devote more time to nutrition. We will reduce local administrative burdens by using technology, streamlining procedures and emphasizing flexibility.

Specifically, we will eliminate the requirement for edit checks for schools with a proven record of accountability, and allow those schools to design their own internal controls. We will eliminate the regulatory requirement that schools use Federally prescribed procedures to document their nonprofit status, allowing them instead to use the records they need for normal business practice. We will aggressively promote direct certification for food stamp and AFDC household children instead of direct applications.

We further reduce paperwork by extending the Coordinated Review Effort cycle from 4 to 5 years.

We have developed a computer-driven Nutrient Data Base for NuMenus to assist program participants, and provide schools with a standard reference to analyze the nutritional value of foods used in the Program.

Mr. Chairman, Members of the subcommittee, taken together, we believe that our School Meals Initiative for Healthy Children is a model for reinvention of Government programs, as well as a model for promotion of national health and nutrition.

In closing, we have been entrusted as the guardians of our children's health. For years we have had important goals and objectives, but done little to meet them. With the completion and implementation of the proposed rule, at last we will begin to do so. Our initiative will close the gap between the Dietary Guidelines and their application in our school lunch and school breakfast programs.

With our School Meals Initiative for Healthy Children, we are beginning a new era for our children, for their parents, their teachers, their school food service providers, and for the U.S. Department of Agriculture.

Mr. Chairman, this concludes my formal statement. I will be pleased to answer any questions you or the subcommittee may have.

Elizabeth Hanna

Mr. Chairman, Members of the committee, I am delighted to represent the West Des Moines Community School District and the Iowa School Food Service Association here today. I am Elizabeth Hanna, director of Food Services for the School District. As a registered licensed dietitian with a master's degree in food service management, I have found my 10 years in school food service rewarding and challenging. I am looking forward to the new opportunities presented by the proposed changes in the regulations governing school meal programs.

I would like to thank the committee and especially Senator Harkin for inviting me to share my views regarding the proposed regulation changes for the Child Nutrition Programs to be implemented by 1998. This is my initial reaction following a brief examination of the proposed regulation since receiving a copy of the complete regulations Wednesday evening. In addition, I only have minimal knowledge of a

computer program which will perform the nutrient analysis required to determine if the menus comply with the proposed regulations.

I want to commend the Department of Agriculture for trying to improve the nutritional quality of meals served to students. I have been looking forward to program changes that will better allow schools to meet the needs of students. In fact, I was one of three Iowa school districts to apply for a pilot site for nutrient standard menu planning. Even though West Des Moines was not selected, I am still interested in implementing nutrient based menu planning as soon as possible.

I am pleased that school food service programs will have 4 years in which to implement the new regulations, if needed. School food service professionals are committed to improving the implementing of the Dietary Guidelines into the school meals programs. In fact, the USDA SNDA study released in October showed that 2 years ago when the data was collected, 44 percent of the schools already had at least one menu every day that met the SNDA criteria for DGA implementation. I believe many more have that choice available today, and that 4 years will allow time to prepare students to eat the new meals and food service providers to learn to use the new menu planning system if adequate resources are available. What will have to be accomplished?

- First, many school food service employees are not familiar with the concept of nutrient standard menu planning nor educated in nutrient analysis. Most schools are not computerized and I believe it will be nearly impossible to meet all requirements without the aide of a computer program. Thus, an extensive training program will have to be given to all school food service authorities.
- Second, nutrition education for students will be required to develop a willingness to consume meals which meet the Dietary Guidelines for Americans. It accomplishes nothing if we provide meals which meet the Dietary Guidelines and the student refuse to eat our meals. Even though students are considered a "captive" audience in a school building, there are alternatives to the healthy school lunch, such as, brown bagging, leaving school to eat, vending machines (generally not controlled by the School Lunch Program), a la carte items or not eating. In West Des Moines, the teachers and food service staff are incorporating the healthy eating habits of balance, variety, and moderation using the food guide pyramid as the basis for classroom lessons. Even though the students know the principles of good eating habits, the application of the principles may not be incorporated in their daily eating habits. This education and application process does not happen overnight, and will require time.

I believe most individuals in charge of Iowa school food service programs want to serve the best possible meal to their customers. Many are already trying very hard to implement the 1990 Dietary Guidelines for Americans. On Tuesday, June 14 in an "informal" poll of 60 Iowa school food service employees from the general workers to cooks to directors on how well the Dietary Guidelines are being implemented in their programs, the majority rated their programs either a 7 or 8 on a scale of 1 to 10. Examples of techniques currently being used are: rinsing ground beef, using lower fat alternatives, such as, ground turkey, low fat mozzarella cheese, skim milk and chocolate skim milk, and increasing the frequency of which fresh fruits, vegetables and whole grain products offered. These are the practices cited in the SNDA study as common to schools in which all school lunch menus met the SNDA criteria for Dietary Guidelines for Americans implementation. Some schools even offer meals such as the training table which are a lower fat, high carbohydrate meal. We realize that there is always room for improvement, and the new regulations will allow for more flexibility in each individual program that will further our implementation of the Dietary Guidelines.

With improvements and changes come apprehensions and concerns. Although, I am a well trained professional with 15 years experience in food service management, this task looks very demanding. Imagine how this must appear to the majority of school food service employees with limited formal education. A few of my concerns include:

- Will I be able serve meals that meet the Dietary Guidelines which students will eat and at a price that will be accepted?
- Will I be able to afford more fresh fruits and vegetables and lower fat items?
- Many times reduced fat protein products are more costly than currently used items.
- Will forprofit management companies take over self-operated school food service?

- When will I have time to develop the material and train my staff on the new regulations? What can we expect for help and resources from USDA? Will the data base be ready for us? I understand it was to be ready by June, but the time frame has now been moved to January 1995.
- Why are breakfast and lunch menus analyzed separately?
- How will my program be monitored to insure we are in compliance?
- What about computerization? Is it affordable? Can my staff be trained to use the system?

I would like to spend just a few minutes on my biggest concern. Forprofit management companies taking over of the school food service industry. As a district-operated school food service program, all money profit is retained by the school program. Our major goal and emphasis is to provide the best possible nutritious meals at lowest cost to the district and individuals. Yes, management companies want to provide quality meals, but also want and require a profit for their company. I believe it is the philosophical "profit" difference which decreases the benefits to our students and community.

Some management companies will have an unfair advantage in implementation of the regulations because they may sell their services to local school districts based on computerized programs, training modules and marketing techniques which were developed once and then reused as needed. This may seem like I am protecting my turf, which may be true, however I feel that money paid to management companies could be better used to purchase better quality products and/or implement new ideas.

You may say that self operated programs have the same time frame as management operated programs. I do not feel this is true. At least one management company run school food service operation was selected as a pilot site for the current study. A company employee is receiving this training as we speak. This means that the company will be able to develop all materials needed to implement nutrient standard menu planning (education packets for food service workers and students, training modules for staff, marketing strategies, and selling techniques to be presented to school boards and school administrations) before I even have a chance to receive the USDA data base. I am extremely concerned for the smaller school districts. Many schools will not receive any information about nutrient standard menu planning until after the regulations become final and USDA and/or the State agency develops the information packets. By this time the management companies have a polished presentation in the hands of local school boards and administrators explaining why it would be best to turn the district food service program over to the management company.

My second major concern. If we must evaluate lunch and breakfast separate, this appears to be in conflict with the Dietary Guidelines which refers to 30 percent of total calories from fat over a period of time not a select meal over a period of time. It would be much more consistent with the "over time" concept if we average breakfast and lunch. Generally, breakfast is lower in fat just because of the foods normally eaten. If we are not allowed to average the lower fat breakfast menus with lunch menus, we may have menus too low in fat.

With the implementation of mandatory breakfast programs in Iowa by 1999, the proposed process will require two separate nutrient analyses every week. I believe combining the two would reduce the administrative burden as well as be more consistent with the "over time" concept.

In conclusion, Mr. Chairman, I believe Iowa school food service employees will support and work extremely hard to implement the new proposed regulations when published in the final form. This, however, does not mean we are not concerned about the changes. We will require lots of training and support to implement the new changes. We will be looking toward the Department of Agriculture, State Department of Education, Iowa and America School Food Service Associations for guidance and support.

I appreciate the opportunity to be here with you this morning. I will be delighted to answer any questions that you may have.

Dorothy Wood

Mr. Chairman, Members of the committee, I am Dorothy Wood, food service director for the Anamosa Community School District, Anamosa, Iowa and legislative chair for the Iowa School Food Service Association and it's 1,100 members.

I am happy to be here today. The Iowa School Food Service Association is very proud of our Senator and appreciate the support you have given us on Child Nutrition issues.

I have only had a preliminary look at the proposed rules for the National School Lunch and Breakfast Programs, and meal planning based on Nutrient Standard Menu Planning.

My initial observations and concerns are:

1. It scares me! I understand meal components, however nutrient analysis is a foreign word.
2. I am not a registered dietitian. I started as a cook then was hired as the director. The majority of my training comes from seminars and workshops sponsored by American School Food Service Association, Iowa School Food Service Association and Grand Wood Area Education Agency.
3. Since I have an office staff of one—me—how am I going to get all the paperwork completed.
4. How can I develop nutrient based menus? If I have to look to someone else for expertise will my students lose many of their food preferences? If I have to use USDA developed menus, will my students accept them. The State of Iowa with the expertise from Iowa State University developed a 5-week cycle menu 3 years ago. I found it impossible to use the cycle menus as my students did not like the choices. If generic menus do not work in Iowa, how will USDA develop acceptable menus to be used by all States.
5. I am not computerized and at this point do not know hardware from software. How will I be able to analyze menus every week for four different age groups and two different meals.
6. If I can be trained, will I in turn be able to train my staff administrators, teachers, students and parents?

We appreciate the delay until July 1, 1998 to implement these changes and hope that the nutrition education and technical assistance will be provided to help us reach this goal.

I care deeply for the students in my district and their nutritional needs, and am committed to helping them meet the Dietary Guidelines as is the Iowa School Food Service Association and The American School Food Service Association.

I thank you for the opportunity to be here, and will try to answer any questions you may have.

Allen Rosenfeld

Good morning, Mr. Chairman. My name is Allen Rosenfeld, and I am director of Government Affairs for Public Voice for Food and Health Policy. I want to thank you for inviting Public Voice to participate in this important hearing on the Agriculture Department's school meals programs. Public Voice has been the leading consumer organization working to improve the nutritional quality of the School Lunch Program over the last 5 years.

I want to begin by congratulating the administration, and particularly Secretary Espy and Assistant Secretary Haas, on their new proposal. The regulatory framework they are trying to establish would mean a tremendous advance for the health of our children. The Department's proposal creates a sound foundation for making school breakfasts and lunches a critical tool to promote good nutrition among students. After decades of neglect, USDA is finally well on the road to making its feeding programs consistent with the latest science on diet and health.

Public Voice is particularly pleased that USDA will implement nutrient-based meal planning, and that it has emphasized nutrition education, technical assistance and nutrition labeling as important components of its new pro-health school meals strategy. By acting to ensure that school meals are well-balanced and nutritionally adequate, USDA has shown a willingness to lead the way in improving our children's health. While Public Voice is very supportive of USDA's new approach to school meals, significant improvements are necessary to fulfill the promise of new regulations. I would like to mention a few provisions that are particularly important for the Department to include in its final rule.

*** First, school meals should meet all Federal dietary recommendations.**

The Department proposes to require that school meals meet the 1990 U.S. Dietary Guidelines for fat and saturated fat intake. The Guidelines also recommend reducing cholesterol and sodium, and increasing fiber intake. However the proposed rule fails to set goals for these critical nutrients. There are widely accepted recommended levels of these nutrients that have been determined by The National Research Council and The National Cancer Institute, and these should be incorporated into the regulations.

*** Second, schools should be required to meet the Dietary Recommendations by the 1995-1996 school year.**

Many experts believe that schools can meet Federal dietary recommendations long before 1998-99. Last December, Public Voice and 11 organizations—including The American School Food Service Association and The National PTA—wrote to Secretary Espy and Assistant Secretary Haas urging them “to issue regulations as soon as possible requiring that schools meet Federal dietary recommendations by the 1995-1996 school year.” Schools from coast to coast have already taken the lead and implemented these standards in their own programs, demonstrating that such action is already technically feasible.

*** Third, USDA must ensure that school meal program requirements remain consistent with evolving Federal dietary recommendations.**

The U.S. Dietary Guidelines are set to be amended in 1995. Common sense and sound nutrition policy dictate that school meals should be required to meet these revised guidelines, and other future revisions, to reflect evolving nutrition knowledge. Otherwise the standards we are asking school meals providers to meet will quickly be out of date, and the intent of the reforms will be undermined. The USDA proposal fails to require that the school meal standards be updated to reflect new Federal dietary recommendations.

*** Fourth, USDA must set quantitative goals for changing the mix of commodities it distributes to the school meals programs.**

Far too much of USDA's spending on commodities for school meals still goes to high fat products. The pressure to distribute high fat commodities to schools continues to make it far more difficult for them to meet current dietary recommendations. In the 1993-94 school year, nearly 20 percent of the value of USDA commodities distributed was accounted for by butter and cheese. Meanwhile, fresh fruits and vegetables accounted for only about one percent. Given this track record, we believe that in the final rule, the Department must set quantitative goals for reductions in high fat products and increases in lower fat meat and dairy products, fruits, vegetables, grains, and legumes. Such goals are needed to ensure that the commodity distribution program becomes a big part of the solution rather than remains part of the problem. Surely, if USDA can require schools to meet dietary goals, it can subject its own commodity distribution program to similar discipline.

Public Voice would also like to commend you Mr. Chairman, Senator Leahy, and other Members of the committee for sponsoring S. 1614, the “Better Nutrition and Health for Children Act of 1993”. This bill offers important improvements that complement USDA's new regulations. Taken together, USDA's proposal and the Act hold great potential. However, Congress must do more to make all of these changes permanent so that the school meal program improves the health and well-being of many generations of America's children. Relevant portions of the regulations, along with our own recommendations and provisions of S. 1614, all need to be explicitly codified into law.

The Clinton administration has shown great leadership in proposing the new school lunch initiative; other administrations have not been, and may not be, so progressive. The health of our Nation's youth is simply too important to be left to the whims of changing leadership.

Thank you. I welcome your questions.

Nancy Chapman

The American Heart Association commends Senator Harkin, and the Senate Agriculture Subcommittee on Nutrition and Investigations for holding these hearings on the School Lunch Program. The AHA also praises the U.S. Department of Agriculture for giving serious attention to an issue that is important to the health of America's children and to the future health of this Nation. The leadership of Secretary Espy and Assistant Secretary Haas, in recognizing the need to reform the national school meal program, is greatly appreciated.

Much progress has been made over the last decade in efforts to improve the diets of Americans. Clearly, Americans are continuing to become more health conscious about everything they do. However, they need information, direction and support from not only organizations like the AHA, but from the Federal Government as well. The Clinton administration has clearly made health care, and particularly the issue of disease prevention and health promotion, a top priority. It is clear that prevention is now being given serious consideration by various Federal departments across the board. The programs and activities of the USDA, and in particular the school meal programs, are without question a critical part of this preventive health strategy.

The AHA is a voluntary health organization which has no special interest except the cardiovascular health of the American public. Its mission is straightforward, to reduce disability and death from cardiovascular diseases, including heart attack and stroke. Everything the AHA does, whether it is in the areas of scientific research, in public education or in public affairs, is driven by this mission; however, there is still a formidable task ahead. Each year almost 1 million Americans die from cardiovascular diseases. More than 478,000 of these deaths are from heart attack and more than 145,000 of these deaths are from stroke. These two diseases are the No. 1 and No. 3 killers of Americans.

The public education programs that AHA undertakes in the work site, the school site, the health care site, and the community, as well as public policy activities, are all developed and supported by sound scientific evidence. Thus, the AHA supports USDA's efforts to change the Federal Government's policy to improve the nutritional composition of the school meal programs. This change will benefit the health of millions of American school children.

There is compelling scientific evidence showing that cardiovascular diseases begin early in life. Diet is clearly one of the factors that influences the onset of cardiovascular diseases. As was noted in findings of a National Heart, Lung and Blood Institute expert panel on blood cholesterol levels in children and adolescents, autopsy studies demonstrate that early coronary atherosclerosis or precursors of atherosclerosis often begin in early childhood and adolescence.

One in 15 adolescents and 1 in 12 children have hypertension. An estimated 36 percent of U.S. children and adolescents ages 19 and under have cholesterol levels of 170 mg or more, which includes readings classified as borderline and high. Many American children are overweight, including 57 percent of children ages 13-17. Compared to other countries, U.S. children and teenagers have higher blood cholesterol and consume more high-cholesterol and high-fat foods. The American Heart Association recommends that healthy children over the age of 2 eat on average no more than 30 percent of calories per day from fat. It was disturbing to learn from a survey conducted by the consumer organization Public Voice that school lunches average about 40 percent of calories from fat. The AHA also recommends that average saturated fat in the diet be reduced to 10 percent or less of total calories, that cholesterol be reduced to 100 mg or less per 1000 calories (with a ceiling of 300mg/day), and that sodium be reduced to 1000 mg or less per meal and eventually to 800 mg per meal. The AHA has also recommended that carbohydrates in the diet be increased to 50-55 percent of daily calories and that dietary fiber be increased by eating more whole grain breads, fresh fruits, and vegetables. It seems inconceivable that on average less than 1 percent of the funds expended on USDA commodities that go into the School Lunch Programs have been for fresh produce.

The American Heart Association recognizes that there are many obstacles and issues that will have to be addressed to make changes in the nutritional content in the school meals programs a reality. Individual attitudes, special interests, and politics will all undoubtedly enter the fray and slow down the process. The important thing will be to remain focused on the objective and to be willing and able to implement new ideas and programs that will ensure that America's children are provided meals that are consistent with the Government's dietary guidelines. The AHA will do whatever it can to assist the Congress and the Federal Government in making these changes. It is clear that for too long the issues of health and prevention have been given lip service in their importance. While no one would advocate putting a

particular food company out of business, it is also clear that the Federal Government should not continue to subsidize businesses and programs that have a negative impact on the health and welfare of the American public—programs that are contrary to other health policies of the Federal Government. If subsidy and support programs must continue to exist, then it would make far better sense to look at ways to provide incentives that would require the production and distribution of healthier foods.

The AHA is already working within the existing educational system to encourage schools to serve healthy low fat and low cholesterol meals. AHA's Hearty School Lunch Program, which was first implemented last year, is targeted at school food service directors. The AHA is also working with Congress to implement a comprehensive school health education program that includes nutrition education as well as other heart healthy activities. It is clear that there is going to have to be a concerted effort to gain the input and support of many organizations and individuals who have an interest in improving the nutritional health of America's children.

Each organization might have a unique expertise that can be offered while moving forward towards a mutual goal. Building partnerships and sharing information and educational materials is going to be critical. The AHA looks forward to working with the USDA in its efforts and to building a strong and active partnership that will help benefit the health and welfare of America's children.

Michael F. Jacobson

Good morning, Mr. Chairman, my name is Michael Jacobson. I am the executive director of the Center for Science in the Public Interest (CSPI). CSPI is a nonprofit health advocacy organization that has been concerned about diet and health since 1971. We are supported by over 750,000 health conscious subscribers and members nationwide. Thank you very much for the opportunity to be here this morning.

We are extremely concerned about child nutrition, because children's diets affect health both in childhood and in adulthood. The average child eats a diet that is too high in fat, saturated fat, cholesterol, sodium—and sugar—and too low in vegetables, whole grains, and fruit. That sort of diet is a prescription for diseases ranging from obesity and tooth decay to diabetes, stroke, heart disease, and cancer.

School should play a vital role in improving children's diets and health, but few schools live up to their potential. The Department of Agriculture's own surveys show that school meals contain far too much fat, saturated fat, and sodium.

CSPI applauds Assistant Secretary Haas's ambitious efforts to improve the nutritional quality of school meals. USDA's recent proposed regulations for school meals will help to reduce the fat and saturated fat in school meals. That is a major, long overdue step in the right direction.

We are concerned, however, that USDA's proposed rules would not take effect until school year 1998-99. That means that a student entering high school this fall could graduate before the Program is implemented at his or her school. Given the importance of proper nutrition in preventing serious diseases, we think that 4 years is a ridiculously long time to wait, and we will be urging USDA to accelerate its schedule by at least 2 years.

We also believe that USDA should limit the sodium levels in school meals, especially because USDA's research has shown that school meals contain almost twice the sodium recommended by the National Academy of Sciences. A diet high in sodium contributes to heart disease and stroke—two of our Nation's leading killers.

Naturally, a nutritious school lunch is worthless if it isn't eaten. Many school food administrators have coupled praise for USDA's proposals with expressions of concern that not enough children eat school meals. We share those concerns and believe that the school food program will only succeed if schools both provide nutritious, tasty meals and reduce the availability of relatively non-nutritious foods.

Regrettably, school children have become a captive market for the generally junky fare offered by fast food chains, vending machines, and snack bars. USDA currently has little authority to control the sale of soda pop and no authority to control the sale—even in the cafeteria—of candy bars, chips, hamburgers, and French fries. The problem has gotten more acute as thousands of fast food chains have opened up shop in schools. They provide food of questionable nutritional value while simultaneously getting the implicit endorsement of the school for their brand name. Such brand name marketing in schools is completely inappropriate. Soft drinks are a particular problem, not only because of their sugar, artificial coloring, and caffeine content, but because many students will consume soda instead of milk, thereby consuming less of the calcium that builds bones and help prevents osteoporosis later in life.

Ideally, Congress should require that all foods that compete with school meals—including competitive foods and a la carte items—individually should meet nutrition standards developed for the child nutrition program. Thus, no competitive food should have more than 30 percent of its calories from fat, 10 percent of its calories from saturated fat, and no more than a certain amount of sodium. The next best protection for children's health would be Senator Leahy's proposal (section 208 of S. 1614), which clarifies that states already have the right to limit competitive foods more strictly than USDA can. To the consternation of Coca-Cola, that bill also calls on USDA to provide model language for such restrictions.

We also support section 301 of S. 1614, which would eliminate the whole-milk requirement for school meals. Whole milk is a major contributor to the unhealthful levels of fat and saturated fat in children's diets; it doesn't make sense to require schools to offer it.

Furthermore, we believe that Congress needs to repair the commodities program. As USDA now recognizes, it should provide foods that help rather than hinder, schools improve children's diets and health. CSPI has calculated that 50 percent of all the calories that commodities provide come from fat. We believe that the commodities, as well as the school meals as a whole, should meet national dietary guidelines for fat and other nutrients. That would be a great benefit to schools that are seeking to provide nutritious meals.

Finally, we support S. 1614's provision (section 209) of \$30 million for nutrition education and training that will assist schools in integrating nutrition into meals and classes.

In conclusion, let me reiterate that improving school meals is crucial to improving children's health. Schools, USDA, and Congress are all under pressure from industries whose products do not fit easily into healthy diets. We hope that creative solutions are found to protect children.

MAJOR PROVISIONS - S.1614
"BETTER NUTRITION AND HEALTH FOR CHILDREN ACT"
Reauthorization of Child Nutrition Programs

The Better Nutrition and Health for Children Act was introduced by Senator Patrick Leahy on November 2, 1993. It was passed by the Senate on August 25, 1994.

Senator Leahy received letters of support for his bill from the American Academy of Pediatrics, the American Heart Association, the American Cancer Society, the Children's Defense Fund, Public Voice for Food and Health Policy, the Center for Science in the Public Interest, the Food Research and Action Center and others.

PART I.
HEALTHIER MEALS FOR CHILDREN.

A. Ensures that school meals apply federal dietary guidelines for children.

The bill requires that schools apply the government's own nutrition guidelines to school meals subsidized by USDA, including requiring that school meals contain an average of 30 percent of calories from fat and 10 percent from saturated fat. Meals will have to meet the dietary guidelines by the beginning of the 1996-97 school year, unless granted a waiver by the state education authority.

B. Helps schools meet the dietary guidelines.

The bill requires USDA to improve the nutritional value of commodities provided to schools and to label them with nutritional content information. The bill gives schools more flexibility by eliminating the current requirement that schools must offer whole milk. The bill also provides technical assistance and training for school food service personnel in preparing meals which meet the dietary guidelines.

C. Helps schools teach proper nutrition and the link between nutrition and health.

The bill makes permanent the nutrition education and training program and increases nutrition education efforts directed at both students and parents.

D. Helps schools buy organically grown foods.

The bill requires USDA to provide to interested schools information about where they can purchase organically grown foods. The bill also authorizes grants to help schools purchase additional fruits and vegetables, and low-fat dairy and meat products, including organically produced products.

E. Helps those schools which want to ban the sale of junk foods.

The bill requires USDA to clarify current requirements regarding the sale of competitive foods of minimal nutritional value, including the authority of schools and school authorities to ban the sale of such foods. The bill requires USDA to recommend to elementary schools model language banning the sale of such foods before the end of the last lunch period.

PART II.**IMPROVING AND EXPANDING CHILD NUTRITION PROGRAMS.****A. Provides healthy meals to children during the summer.**

The bill helps schools and communities offer the summer food service program by providing start-up grants to defray some of the costs of setting up a program. Summer food service participation is very low as compared to participation in the school lunch program: only 15 percent of the target population is being reached.

B. Promotes expansion of the school breakfast program.

The school breakfast program provides the right start for low-income children. A hungry child cannot pay attention in class and does not learn as well as a child who has eaten breakfast. The bill provides grants to help schools start-up or expand school breakfast programs.

C. Improves the child care food program.

With the dramatic increase in the need for child care to allow parents to work, the child and adult care food program has grown in importance. The bill extends the length of time for which a child and adult care food sponsor can be approved from 2 to 3 years, and increases outreach to unlicensed day care homes.

D. Helps prevent price-fixing and fraud in school meal programs.

The bill assists schools in identifying and preventing price-fixing and fraud in the purchase of products for use in school meal programs. It also establishes guidelines for USDA to debar companies which have been convicted of fraud regarding USDA programs.

**PART III.
PREVENTING HEALTH PROBLEMS THROUGH WIC INVESTMENTS.**

A. Reauthorizes the highly successful WIC program.

The bill reauthorizes the WIC program and changes its name to the Special Supplemental Nutrition [formerly Food] Program for Women, Infants and Children.

B. Expands breastfeeding promotion efforts in WIC.

The bill expands breastfeeding promotion in the WIC program, more than doubling the current requirement for state breastfeeding promotion expenditures. The health benefits of breastfeeding have been fully documented and include the immunological effects of breastmilk which cannot be duplicated in formula.

The bill sets aside funding based on a formula of \$21 per pregnant and breastfeeding participant, adjusted for inflation. The bill also requires USDA to begin to collect WIC breastfeeding data, in order to better evaluate WIC breastfeeding promotion efforts.

C. Expands the WIC Farmers' Market Nutrition Program.

This program gives WIC mothers an additional voucher to use at farmers' markets for the purchase of fresh fruits, vegetables and other farm products not covered by the WIC program.

The bill authorizes an increase in funding and makes administrative improvements in the program. Currently, over 400,000 persons participate in this highly successful farmers' market program in eleven states. Several other states would participate if federal matching funds were available.

PART IV.**BETTER NUTRITION FOR HOMELESS AND NEEDY CHILDREN.****A. Feeds homeless children living in emergency shelters.**

The homeless preschool nutrition program provides meals to homeless children living in shelters. The bill provides a stable source of mandatory funding for this program.

Currently, funding comes from "leftover" funds not used by states in the State Administrative Expenses account. GAO reports that 25,000 children under age 6 live in homeless shelters. Older brothers and sisters get fed by the school lunch and breakfast programs -- but younger children miss out. This program feeds them meals that USDA reports are "more balanced, more nutritious, and more frequently included fresh fruit, milk, vegetables and full-strength juices."

B. Establishes a pilot project for the prevention of boarder babies.

The bill provides grants to shelters for homeless pregnant women, infants and the mothers or guardians of those infants. The grants will provide for coordination with the WIC program, as well as additional food and nutrition education services.

The term boarder babies applies to babies that remain in the hospital even after they are medically able to leave. Building on the success of the WIC program, the goals of the project are to keep babies with their mothers, to get healthy babies out of the hospital sooner, to facilitate access to health care for homeless pregnant women and infants, and to teach homeless mothers about the importance of nutrition to health.

POSITION STATEMENT

COMMODITY DISTRIBUTION COALITION

Mr. Chairman, and Members of the subcommittee, my name is Beth Johnson and I am testifying on behalf of the Commodity Distribution Coalition. The Commodity Distribution Coalition is an informal group of agricultural associations that are strongly supportive of the U.S. Department of Agriculture's commodity distribution programs, which serves the dual purposes of providing the best possible nutrition for our Nation's school children and helping stabilize U.S. agricultural commodity markets. It represents producers, processors and distributors of agricultural products, as well as agricultural related products.

We appreciate the opportunity to comment on S. 1614, Better Nutrition and Health for Children Act of 1993, and in support of the Department of Agriculture's Commodity Distribution Program and their important role in the National School Lunch Program and the School Breakfast Program. Because food production is an integral part of nutrition policy, policy changes in school meal programs are very important the Commodity Distribution Coalition.

The Commodity Distribution Coalition would like to congratulate Chairman Leahy and Members of the committee for their leadership in re-authorizing the Child Nutrition Act and for the committee's long standing support of the Commodity Distribution Programs that benefit our Nation's children. The Coalition believes the process we are in today will lead to the passage of legislation that enhances the health and well-being of our children and ensures this Nation's ability to continue providing wholesome, nutritious products to our children at the lowest possible cost.

THE NATIONAL SCHOOL LUNCH PROGRAM

The National School Lunch Program, one of the Programs which benefits from the Commodity Distribution Program, makes an important contribution to nearly 25 million school age children. The program was initiated to ensure that all children received at least one hot nutritious meal each day. Although children from middle and upper income families are likely to receive nutritious meals before and after school, children from lower income families may receive only one meal each day—the school lunch. Therefore, for these children, it is especially important to provide foods that meet the nutritional needs for adequate growth and development for these children, as well as reduce the risk of chronic disease.

The Commodity Distribution Program has aided in the National School Lunch Program's accomplishment of meeting the Recommended Dietary Allowances. In fact, the School Nutrition Dietary Assessment Study released last fall by USDA showed that school meals were better than any other school lunch alternatives in meeting the RDAs. The School Nutrition Dietary Assessment Study also showed that attention to micronutrients provided in the school lunch meals can not be decreased. Eleven to 18-year-old females did not consume adequate iron, 11- to 18-year-old males did not consume adequate zinc, and 15- to 18-year-old males did not consume adequate calories and vitamin B6.

NUTRIENT DEFICIENCIES STILL OCCUR

Iron deficiency is still the most common single nutrient deficiency in the United States. The Joint Nutrition Monitoring Evaluation Committee considered iron to be a food component warranting public health monitoring priority. The Surgeon General's Report on Nutrition and Health notes the importance of children, adolescents and women of childbearing age consuming foods that are good sources of iron. The consequences of iron deficiency include impaired work and intellectual performance, behavior abnormalities, decreased resistant to infections and increased susceptibility to lead poisoning. Iron is not the only nutrient of concern for our children. Deficiencies of zinc, calcium and B vitamins can also lead to serious developmental problems. Zinc plays a key role in the immune system. Although there is currently no plasma indicator of deficiency, it is well documented that zinc deficiency adversely affects growth, maturation and susceptibility to illness. There is also ample documentation to demonstrate the necessity of calcium in the diets of growing children. As the results of USDA's School Nutrition Dietary Assessment study showed, these nutrients are often found to be low in the diets of children and thus need to be closely monitored.

The many foods provided by the Commodity Distribution Program are key contributors of these nutrients and are provided to the schools at very low costs. Of course,

not all foods are created equal. For example, lean meat is an excellent source of iron and zinc, but a poor source of calcium. Yogurt, on the other hand, is excellent source of calcium, but a poor source of iron and zinc. Providing a well-balanced, variety of foods allows the dietary recommendations to be met and eliminates the need for enrichment of foods that are not already enriched or fortified. Additional enrichment of foods would not only add to the expense of the School Lunch Program, but could also inadvertently bring about unwanted nutritional consequences. Nutrient interactions are an important consideration in planning a well-balanced diet. Simply adding iron or other nutrients to a food to meet dietary recommendations does not ensure adequate absorption to meet nutritional needs.

ADDITIONAL CONCERNS OF CHILDREN'S HEALTH

In addition to nutrient concerns, the improvement of children's health must also consider issues such as pesticide residue. Removal of harmful levels of pesticides is a key part of preventive health. The safe use of pesticides, however, has been shown to greatly benefit our society by providing all abundant food supply at a reasonable cost. This abundant food supply has made it possible for individuals to get adequate nutrients through food, rather than supplementation. A provision in S. 1614 requires the Secretary to develop and carry out procedures and policies to encourage State educational agencies to provide increased opportunities for schools to obtain meats that are organic and fruits and vegetables that are organically grown. However, there is no Federal definition for organic. National Organic Standards Board has been working to develop this definition, but as yet, has not published even a proposed rule with the definition. In addition, it is only right that everyone including children are accurately educated about the accurate differences between organically and nonorganically produced products. Research does not support that "organically" produced products, result in more nutritious or safer products. In fact, using meat as an example, the USDA Food Safety and Inspection Services monitoring program reveal no residues in either the nonorganic meats or the organic product. Although the Coalition does not oppose organic production it seems premature to spend up to \$2,000,000 each year to purchase products that do not add to the health of our children.

NUTRITION EDUCATION

Education is a key competent to better health and nutrition for children. In addition to educating children on healthy food choices, emphasis should be placed on educating food service personnel to prepare current recipes in ways that will lower fat content. Preparation of foods is an important determinant of their nutrient content. Emphasis needs to be placed on the preparation rather than only on purchasing. For example, foods which are higher in fat can be prepared individually or within a meal so that the end product is relatively low in fat. On the other hand, low fat foods may be purchased, but then prepared in such a manner that they end up being higher in fat.

It is also important to educate all those involved in school food service that although intentions may be good, a low fat emphasis can be taken too far resulting in negative effects on children's health. For example, a meal consisting of low fat lasagna, skim milk, bread (no butter), fruit and low fat cookies may contain sufficient calories, but as little as 12 percent calories from fat. This level is dangerously low for children's growth and development, and overtime such a low fat diet will have serious consequences on children's health.

EVALUATION OF SCHOOL LUNCH REFORM

Finally, as always, evaluation is important to learning how to continuously improve the School Lunch Program. Although there are evaluation components throughout the bill, there is nothing to look at plate waste or what is being discarded rather than consumed. No matter how nutritious the food is or how lovely it looks, it is not nutritious if the children don't eat it. Recent studies have shown that an increase offering of fruits and vegetables sounds good, but the children are throwing them away. An evaluation component on plate waste may inform officials on precisely what is being thrown away. Thus targeting the Program more effectively.

In summary the Commodity Distribution Coalition *supports* the following:

1. The Commodity Distribution Program in providing nutritious foods in a cost effective manner.
2. Provides foods that meet the nutritional needs of children for adequate growth and development, especially those children from low income families.

3. Provide a well-balanced variety of foods that allow the dietary recommendations to be met without additional enrichment or fortification.

The Commodity Distribution Coalition *questions* the need to spend additional funds on "organic" products which have not been proven to add to the health of our children.

We are proud of the fact that America's agricultural abundance has been used to help our Nation's school children. Producers of all commodities have worked to improve and provide more nutritious foods to the general public and the National School Lunch Program even before requirements have been proposed. These advances, as well as changes in the preparation of foods for the School Lunch Program, can meet the nutrition goals of children while efficiently providing foods that children like and will eat.

Again, we thank you for this opportunity to present our views on these important issues. Mr. Chairman, due to insufficient time to review the USDA proposal to reform the Nutrition Objectives for school meals, we request that we may be able to submit comments at a later date on the USDA proposal for the record. I will now entertain any questions you might have.

[The National Cattlemen's Association
American Sheep Industry
American Farm Bureau Federation
National Association of State Departments of Agriculture
National Grange
National Pork Producers Council
National Milk Producers Federation.]

SENATOR LUGAR'S QUESTIONS SUBMITTED TO THE HON. ELLEN HAAS AND RESPONSES THERETO

Reference: I understand that under your school meal proposal, if a child has a choice of food items, the school would use a weighted average to determine whether the nutrient standards were being met overall. This would require the school to keep track of how many food items of each type were produced.

Question 1. Do you have any concern that schools—especially those without computer technology—will be discouraged from offering a variety of menu items by having to keep track of the quantity of each alternative they provide?

Response. Use of weighted averages in nutrient analysis is simply a method to account for production levels. For example, if three entrees are offered for Monday's lunch, the menu planner estimates how many portions of each (100 servings of chicken, 75 servings of lasagna and 25 servings of salad bar) will be selected in order to prepare an appropriate amount of each entree. Under Nutrient Standard Menu Planning/Assisted Nutrient Standard Menu Planning (NSMP/ANSMP), the nutrients of each entree would be factored in according to the estimated number of servings in order to obtain an accurate analysis of the menu as offered. All other menu items would also be included in their respective proportions.

In addition, after a given menu was actually served, the menu planner would need to make any adjustments necessary to the estimated number of portions to assure accuracy. For example, if only 50 servings of lasagna were taken while extra portions of the salad bar had to be provided, the menu planner would prepare more portions for the salad bar and less lasagna when that meal was served again. Therefore, the nutrients of that menu would be reanalyzed to accurately reflect the revised production. However, if the adjustments proved accurate, no reanalysis is needed.

Currently, meal planners maintain records for inventory and ordering purposes. This is simply a good management technique to ensure that trends are accounted for and that food items are available in the needed quantities. We agree that initial implementation of NSMP/ANSMP places additional emphasis on the importance of estimating the number of portions when planning meals as well as reviewing meals after service to make any necessary adjustments. These steps are necessary to ensure accurate nutrient analysis, but they are also currently being done as an integral part of meal planning. Further, we do not believe that the variety of menu



items should be limited by nutrient analysis as weighted averages are simply an extension of current menu planning procedures.

Question 2. What do you expect the impact of the proposed rule will be on the paperwork required of both State and local school food service authorities? Also, please describe any paperwork reduction initiatives you are pursuing with regard to the school lunch and breakfast programs.

Response. We anticipate that the only additional paperwork will be the nutrient analysis records that are already prepared by a number of school food authorities. The proposed rule contained some paperwork reduction proposals. One is to allow locally developed internal controls for claims by schools when no meal counting and claiming violations are found during a review. Another was to extend the administrative review cycle from 4 to 5 years, which would reduce the amount of paperwork required for State agencies when they conducted these types of reviews.

We would also provide State agencies with maximum flexibility in developing corrective action plans for school food authorities that are out of compliance with the proposed nutrition standards. This would reduce paperwork as State agencies could design the corrective action plan as needed by the local schools rather than meet a specified format.

We are also promoting direct certification through use of eligibility records from the Food Stamp and Aid to Families with Dependent Children Programs, as students whose families are eligible for these programs are categorically eligible for free meal benefits. Further, we are developing a proposed regulation to modify the requirements associated with the review of free and reduced price school meal applications under the Coordinated Review Effort. Under the proposed change, in schools with large numbers of applications, State agencies may limit the number of applications reviewed when it is established that few incorrect eligibility determinations were made. In addition, legislation is pending to provide schools with alternatives to the current requirements associated with counting and claiming meals for reimbursement.

We feel that all of these efforts will combine to significantly reduce the amount of paperwork on school food service and State staff that administer the school meal programs.

SENATOR DOLE'S QUESTIONS SUBMITTED TO THE HON. ELLEN HAAS AND RESPONSES THERETO

Reference: Ms. Haas, it is my understanding USDA has been working for over a year on guidance to schools for use in implementing the regulations for modifying meals for children with disabilities.

Question 1. Can you tell us why the Department has not yet been able to issue the guidance?

Response. As you know, the issue of accommodating children with special needs has a great many serious ramifications, both legal and practical. In developing guidance for local food service operations, we have consulted with experienced persons in the Departments of Education and Justice, as well as with our own civil rights staffs and our General Counsel's office. We have also sought information and advice from private organizations which deal with various special needs. We are now finalizing a draft which incorporates comments made in response to preliminary drafts, and we expect to provide copies to the Department of Education and the Department of Justice for their review shortly. We regret that we have not been able to make this guidance available to States and schools sooner, but we do believe that we need to proceed carefully and make sure that our guidance is accurate and helpful.

Question 2. Will this guidance contain a recommendation to coordinate meeting the child's nutritional needs with other individuals or entities addressing the child's total needs?

Response. The guidance does more than just recommend coordination; Cooperation among all parties responsible for the child is an overriding theme of the guidance. The guidance stresses that, when additional equipment or extensive training and expertise are necessary to accommodate the child, the school food service director should be involved at the outset in preparations for the child's entrance into the school. It may also be advisable to include food service personnel in the development

of the Individualized Education Plan required by Public Law 101-142 when special nutrition arrangements need to be made. Finally, the guidance provides an extensive list of other programs and offices which may be contacted for information and, in some cases, assistance. As you can see, the guidance goes to some lengths to emphasize that accommodations in the meal service need to be made in the larger context of the school's overall responsibility to serve the individual child.

Question 3. What plans do you have for meeting the needs of children with disabilities through the other food service programs?

Response. We fully intend to develop guidance on this issue for the other child nutrition programs as soon as we finalize the guidance for school programs. We did not include the Child and Adult Care Food Program and the Summer Food Service Program for Children in this guidance package because the audiences, in most cases, are quite different and because the operational challenges presented by these programs are often quite different from the situation in schools. Nevertheless, we do expect children with disabilities to be able to receive the benefits of all of the child nutrition programs.

Reference: Many children with special dietary needs require meals with a fat/calorie level greater than 30 percent of calories from fat.

Question 4. Under your proposed rule, how will their needs be met through reimbursable meals?

Response. The proposed rule does not change the current provisions in §210.10 (i)(1) concerning accommodation of special medical or dietary needs of children. The regulations require that children whose disability restricts their diet must be provided appropriate substitutions. Any substitution for a child with a disability must be documented, preferably with the recommended alternate foods indicated, by a statement signed by a physician. In addition, schools may make substitutions for other special needs such as allergies or for larger portions. These types of needs must be documented by a statement signed by a recognized medical authority.

Reference: We are concerned that implementation of nutrient standard menu planning will result in fewer choices and less variety of foods offered. This will be especially true in the schools which utilize "assisted nutrient standard menu planning" because they will use menu cycles planned and analyzed by others. When an approved cycle of menus is received, it will be easier, and perhaps less expensive, to stay with that cycle.

Question 5. What assistance will you give to these schools to assure optimum variety in the Programs?

Response. Please keep in mind that many schools currently use menu cycles. Menu cycles are adjusted, as appropriate, to accommodate trends and changes as indicated by student preferences and local needs. Under Nutrient Standard Menu Planning and Assisted Nutrient Standard Menu Planning, school food authorities would not only develop and adjust, as needed, their menu cycles, but would also analyze them to assure that the required nutrient, calorie, and other dietary components were met.

We feel that school meals will continue to provide a variety of foods partly because of the recommendation in the 1990 Dietary Guidelines on serving a variety of foods that would be incorporated in our regulations. However, the more vital factor is that variety is needed to maintain participation.

Assisted nutrient standard menu planning would use local menus that meet the needs of local meal planners and preparers as well as the preferences of their customers. These menus would then be analyzed to determine their nutrient levels. If any adjustments were necessary to modify recipes, product specifications or preparation techniques to meet the required levels, these adjustments would be made in conjunction with local meal planners. Also, production records would be periodically reviewed to ensure the accuracy of weighted averages.

We feel that "negotiation" between the provider of assistance and the local school to develop an acceptable menu cycle will help to ensure that schools using this approach have menus that reflect local choices. In addition, we believe that the flexible nature of the assisted approach will allow local schools to easily incorporate changes in preferences as well as provide a variety of foods that have similar nutrient profiles.

Reference: I understand a weighted nutritional analysis will be used so the analysis of the total meal will reflect the nutritional contribution of those food items selected more frequently.

Question 6. Will the weighted nutritional analysis be based on the menu as planned or the menu as prepared?

Response. The weighted nutritional analysis should be based on the menu as planned which is the basis for what is prepared. The calculation method for computing a weighted nutrient analysis will require the planner to enter the menu item, portion size, projected servings of each menu item and the total feeding figure for each day for a weekly menu. Only reimbursable meals are included for nutrient analysis; therefore, the projected servings and total feeding figure must not include a la carte sales.

The nutrient analysis software program will compute the average nutritional composition of the meal for 1 day and one week. In addition, the software will compute the percentage of calories from protein, carbohydrate and fat based on the average nutritional composition of the meal for 1 day and 1 week. The software will then allow the menu planner to compare the nutrient analysis of that meal to the Nutrient Standard(s) for the age/grade group(s) being served.



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